Payroll Hourly Time Sheet North Tonawanda City SD

Employee Name (Print Name):							
Pay P	eriod Ending:						
		Department:Jo		Job Title:			
Descr	iption of Work or	OT justification:					
DATE	DAY OF	Time			Hours		
D1112	THE WEEK	Start		End		Regular	Overtime
	MONDAY						
	TUESDAY					_	
	WEDNESDAY					<u> </u>	
	THURSDAY					<u></u>	
	FRIDAY					<u> </u>	
	SATURDAY						
	SUNDAY					_	
	MONDAY					_	
	TUESDAY					 	+
	WEDNESDAY					<u> </u>	
	THURSDAY						
	FRIDAY						
	SATURDAY					 	+
	SUNDAY			_			
				TOTAL HOU	RS		<u> </u>
EMPLO	YEE SIGNATURE	DATE		Contractual Rate	of Pay	X	X
EMI LO	TEE SIGNATORE	DAIL				\$	\$
<u> </u>	MOOD ADDDOMAI	DATE		Total Pay		\$	
SUPERV	ISOR APPROVAL	DATE DATE		ſ	Di	istrict Office Us	se Only
ADDITIONAL APPROVAL (if needed) DATE Budget Code:					Payroll Period # Entered into nVision: Date Rec'd in District Office:		