

**TTHS DISTRICT 205
BUILDINGS AND GROUNDS
TIMESHEET**

Employee Name _____

Payroll Period Ending ____/____/____

Account Number _____

Last 4 Digits of Social Security # XXX - XX - _____

Date	Description of Work
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Start Time	Lunch Break *if appl.	End Time

Reg. OT	Holiday Double OT	B&G On-Call

TOTAL _____

TOTAL _____

Employee Signature _____

Supervisor's Signature _____