Critical Skills
Time Sheet

Name	Employee ID:
Pay Period Begins	End
Assignment	Location

Date	Start	Stop	Total Hours Per Day	Comments
				Total Hours Per Week-
				Total Hours Per Week-

Signature:	Date:
Principal:	Date:
Director Signature:	Date:

Professional 61.13410.11119.112. _____ Bus Drivers 61.13410.12711.122.015 _____ (Check appropriate area) Custodians 61.13410.12611.122. _____
Rate of Pay Total Hours Worked Amount Due

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