

Month: _____

Year: _____

Fraser Public Schools Hourly Employee Timesheet

Day	Date	Regular Hours	Overtime Hours	Building	Position - Reason for Overtime - Substituted for....
Total Hours				=	

Employee Name: _____
Please Print

Signature: _____

Authorized Signature: _____
Principal/ Administrator

Positions	
Hall Monitor	
Meal Coordinator	
Noon Aide	
SACC	
Door Monitor	
Health/Medical/Diabetic Aide	
At-Risk Intervention Specialist	
Other - Indicate position worked above	
----- DOOLEY ONLY -----	
Pre-School Teacher	
Pre-School Aide	
Day Care Aide	
ECSE Aide	
Focus Four Aide	
Subs – Please indicate the first & last name of the employee & position you are subbing for.	

Account Distribution:
Hourly Rate: _____

Account Number (ASN): _____
