

**RIDGEWOOD LOCAL SCHOOLS
EMPLOYEE TIME SHEET**

NAME:							
POSITION:							
						HOURS	REASON
	DATE	IN	OUT	IN	OUT	WORKED	FOR O.T.
SUNDAY							
MONDAY							
TUESDAY							
WEDNESDAY							
THURSDAY							
FRIDAY							
SATURDAY							
						TOTAL HOURS WORKED	
						PAY DUE	
I CERTIFY THAT THIS IS A TRUE AND CORRECT STATEMENT OF THE HOURS WORKED FOR THE TIME PERIOD INDICATED.							
SIGNED _____							
EMPLOYEE							AT POSTED _____
							AB POSTED _____
APPROVED _____							PAY POSTED _____
SUPERVISOR/PRINCIPAL							