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:	
	Jigilatule.	
Authorized Signature		
	Authorized Signature.	Principal/ Administrator

Positions					
Hall Monitor	Office Aide				
Meal Coordinator	LRE Aide				
Noon Aide	SLI Aide				
SACC	Special Ed. Aide				
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.					
Pavisad 0/2020					

Account Distribution:						
Hourly Rate:						
Account Number	er (ASN):					

Only Originals will be accepted

Revised 9/2020