

**OAK CREEK-FRANKLIN JOINT SCHOOL DISTRICT**

SUPPORT STAFF TIMESHEET

ADMINISTRATOR'S SIGNATURE \_\_\_\_\_

EMPLOYEE'S NAME \_\_\_\_\_

EMPLOYEE'S SIGNATURE \_\_\_\_\_

SCHOOL \_\_\_\_\_

POSITION (Specify aide, secretary, etc.) \_\_\_\_\_

PLEASE TURN THIS TIMESHEET INTO THE SCHOOL OFFICE  
NO LATER THAN THE LAST DAY OF THE PAY PERIOD

Day	Date	Time Worked (ex. 8:00-11:30, 12:00-2:00)	Total Hours (ex. 5 1/2)	Extra Hours (Food Service Only)	Sick Leave	Personal Leave	Vacation	Notes
Monday								
Tuesday								
Wednesday								
Thursday								
Friday								

Monday								
Tuesday								
Wednesday								
Thursday								
Friday								
<b>TOTAL HOURS</b>								

**FOR BUSINESS OFFICE USE ONLY**

\_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_  
 Hours            Rate  
 \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_  
 Hours            Rate  
 \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_  
 Hours            Rate  
 \_\_\_\_\_  
**TOTAL**

\_\_\_\_\_ @ \_\_\_\_\_  
 Hours            Absence Code  
 \_\_\_\_\_ @ \_\_\_\_\_  
 Hours            Absence Code  
 \_\_\_\_\_ @ \_\_\_\_\_  
 Hours            Absence Code  
 \_\_\_\_\_  
**TOTAL**