

School District of Ashland Time Sheet

Printed Name:

Please click the box below and select the option from the drop-down that describes your work.

(If more than one applies, please fill out a separate form for each)

Work Category:

Other Description:

Date:	Building	Subbed For or Detail of Work	Start Time	End Time	Daily Total Hours	Overtime (Y or N)

Total Hours:

-

Convert to Comp Time? (Y or N)

Budget Account:

Signature of Employee:

Building Principal / Supervisor Signature:

Building Principal / Supervisor: is **REQUIRED** to fill in the yellow sections.
By Signing you confirm that all areas in yellow & purple are true and correct.

Employee : is **REQUIRED** to fill in the purple sections.