SCHOOL DISTRICT OF ASHLAND
TIMESHEET

Name: _____ Building Location: _____

FOOD SERVICE UNION MEMBERS COMPLETE: Your Regular Hours _____ Your Job Classification _____

Subbed For _____ Job Class. _____ Schedule _____

Subbed For _____ Job Class. _____ Schedule _____

Subbed For _____ Job Class. _____ Schedule _____

OFFICE USE ONLY: Regular Hourly Rate _____ Job Classification Rate: _____ Adjusted Rate: _____

DATE	NAME OF PERSON SUBBING FOR OR DESCRIPTION OF WORK	TIME STARTED	TIME ENDED	TIME STARTED	TIME ENDED	HOURS WORKED	OVERTIME HOURS	RATE (OFFICE USE ONLY)	ACCOUNT CODE (OFFICE USE ONLY)
(THIS SECTION FOR OFFICE USE ONLY)									
TOTAL									
TOTAL									
TOTAL									
TOTAL									
TOTAL									
TOTAL									
GRAND TOTAL									

Signature: _____ Date Submitted: _____

Building Principal / Supervisor Signature: _____ Date Approved: _____

DEADLINE: Approved forms need to be received in the district office no later than the Monday following payroll at 12:00 P.M.

Received by Payroll:

SCHOOL DISTRICT OF ASHLAND
CUSTODIAL DAILY WORK SUMMARY

Name:	School:	Date:

Start Time:	Finish Time:	Description of Completed Work: Activity/Event: