PENNSAUKEN BOARD OF EDUCATION

FOR WEEK BEGINNING _____

TIME SHEET FOR EXTRA HOURS, SUBSTITUTE, HOURLY, OR INTERIM

HOURLY/DAILY RATE OF PAY _____

PROGRAM TITLE _____

AUTHORIZED BY _____

CHARGE TO ACCOUNT # _____

AGENDA MONTH AND ITEM # _____

MONTH >>>>>>>>									
DAY>>>>>>>>									
NAME	SUN	MON	TUE	WED	THUR	FRI	SAT	TOTAL HOURS/DAYS	TOTAL PAY

THIS FORM MAY BE DUPLICATED.