

**FREETOWN AND LAKEVILLE PUBLIC SCHOOLS  
HOURLY TIME SHEET**

*This form must be completed in full including all dates worked, start and end times, total hours and approved hourly rate. You must sign the completed form and turn it in to your Principal or Job Supervisor on a weekly basis no later than Friday of the week you worked. Incomplete forms will be returned which may delay payment.*

PRINT FULL NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

*By my signature I certify that I have worked the hours listed below.*

POSITION: \_\_\_\_\_ SCHOOL: \_\_\_\_\_

WORK AUTHORIZED BY: \_\_\_\_\_

DESCRIPTION OF SERVICE: \_\_\_\_\_

CHECK HERE IF INSERVICE CREDIT IS REQUESTED IN LIEU OF PAYMENT: \_\_\_\_\_

WEEK ENDING DATE - FRIDAY: _____						
	Morning		Afternoon		Evening	TOTAL HOURS PER DAY
	From:	To:	From:	To:	From: To:	
SATURDAY Date: ___/___/___	—		—		—	
SUNDAY Date: ___/___/___	—		—		—	
MONDAY Date: ___/___/___	—		—		—	
TUESDAY Date: ___/___/___	—		—		—	
WEDNESDAY Date: ___/___/___	—		—		—	
THURSDAY Date: ___/___/___	—		—		—	
FRIDAY Date: ___/___/___	—		—		—	
					TOTAL HOURS FOR THE WEEK:	

HOURLY RATE: \$ \_\_\_\_\_ TOTAL HOURS: \_\_\_\_\_ TOTAL PAYMENT: \$ \_\_\_\_\_

APPROVED FOR PAYMENT FROM ACCOUNT # \_\_\_\_\_

JOB SUPERVISOR: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINCIPAL: \_\_\_\_\_ DATE: \_\_\_\_\_

DIRECTOR OF BUSINESS/  
SUPERINTENDENT: \_\_\_\_\_ DATE: \_\_\_\_\_