

EMPLOYEE TIME SHEET

Louisville Public Schools

418 East Main St.
Louisville, OH 44641
330-875-9687 Fax 330-875-7603

BILL TO:

Name: _____

Address: _____

Employee Name: _____

Employee Number: _____

Position: _____

School: _____

Date	Job Description	Start time/End time	Total Hours Worked

Total Hours: _____ X Hourly Rate: _____ = _____ (Pay Amount)

Or

Total Days: _____ X Daily Rate: _____ = _____ (Pay Amount)

Employee Signature: _____

Date: _____

Supervisor Signature: _____

Date: _____

Pay Code: _____