

MANCHESTER PUBLIC SCHOOLS

OFFICE OF CURRICULUM AND INSTRUCTION

Staff Name: \_\_\_\_\_ Employee #: \_\_\_\_\_

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

HOURS WORKED  
(One week only per sheet)

<u>DATE WORKED</u>	<u>START TIME</u>	<u>END TIME</u>	<u>HOURS WORKED</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

TOTAL HOURS \_\_\_\_\_

TOTAL AMOUNT (Hourly Rate \$22.81) = \_\_\_\_\_  
2014-2015 RATE PER CONTRACT

PROJECT (PLEASE BE SPECIFIC): \_\_\_\_\_

BOE Account Number: \_\_\_\_\_

GRANT Account Number: \_\_\_\_\_

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\_\_\_\_\_  
Signature – Building Supervisor

\_\_\_\_\_  
Date

Send completed time sheets to: Dr. Amy Radikas, Curriculum & Instruction Office

\_\_\_\_\_  
Signature – Assistant Superintendent

\_\_\_\_\_  
Date