

ALDER GROVE CHARTER SCHOOL TIMESHEET (B)

****Please turn in on the 1st, or the next business day if the 1st falls on a weekend or holiday.****

Employee Name: _____ Category: _____

Pay Period Date: _____

Date	Time In	Time Out	Time In	Time Out	Total Hours	Teachers and/or Tutors must complete this column Student(s) served by Tutor or Teacher Substituted for:
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						
Total hours:						
(Please list hours only, not dollar amounts)						

Employee Signature: _____ Date: _____

Director Signature: _____ Date: _____