

**SCHOOL DISTRICT OF BLACK RIVER FALLS
TIME SHEET**

EMPLOYEE NAME _____

_____ 1ST THROUGH 15TH TO BE PAID AT END OF MONTH
(Month)

_____ 16TH THROUGH END OF MONTH TO BE PAID ON 15TH
(Month)

DATE	A.M. START	A.M. END	P.M. START	P.M. END	TOTAL HOURS	EXTRA START	EXTRA END	TOTAL EXTRA	REASON FOR EXTRA TIME

ADDITIONAL INFORMATION: _____

EMPLOYEE SIGNATURE: _____

ADMINISTRATOR APPROVAL: _____