

INDEPENDENT SCHOOL DISTRICT 196
 Rosemount, Minnesota
Educating our students to reach their full potential

**MUST BE COMPLETED IN
RED OR BLACK INK**

Series Number 401P Adopted July 1993 Revised May 2006

Title Employee Timesheet

Employee Name _____ Employee Number _____
(Last) (First) (Middle Initial)
 (Please print name as it appears on social security card)

Building and/or Dept. _____ Date _____

Expenditure code MUST be filled in by building and/or department

FUND	ORG	PRG	FIN	OBJ	CRS	Hours Worked	Rate

Date Worked	Description of Work Activity	Number of Hours Worked
		Total hours worked

I certify that I worked the hours as indicated above.

 Employee signature

Approval:
 Supervisor _____

Principal or Administrator _____

REC'D _____

PAID _____