

Edon Northwest Local School District

Classified Staff Time Sheet

Employee Name: _____

Date	Description	Start Time	Stop Time	Total Hours

Employee Signature: _____

Superintendent Signature: _____

Treasurer Signature: _____

Note: Payment will be made in the next pay period. **Deadline is Monday at 2:00 p.m. in the Treasurer's office.**

FOR TREASURER'S OFFICE USE

Date Paid: _____ Check # _____ Amount \$ _____