

WENATCHEE SCHOOL DISTRICT #246 FOOD SERVICE TIME SHEET

MONTH _____ YEAR _____

Your Name (Please Print)

Position

Your Signature

Date Submitted

FS Director's Signature

Date

	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16
Non Employee Sub Hrs																
Contracted Hours at Higher Rate																
Extra Hours at Higher Rate																
Extra Hours at Contracted Rate																
Meetings																
Overtime at Contracted Rate (Over 8 Hours Only)																
Overtime at Higher Rate (over 8 Hrs Only)																

	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Non Employee Sub Hrs															
Contracted Hours at Higher Rate															
Extra Hours at Higher Rate															
Extra Hours at Contracted Rate															
Meetings															
Overtime at Contracted Rate (Over 8 Hours Only)															
Overtime at Higher Rate (over 8 Hrs Only)															

***All corrections and cross outs must be initialed by both the Employee and the FS Director.**

FOR PAYROLL USE ONLY					
PAY CODE	ACCT #	RATE	HRS	WK DATE	TOTAL
TIME SHEET TOTAL \$					_____

TIME SHEETS ARE DUE THE LAST WORKING DAY OF THE MONTH

