

Warren County Technical School Time Sheet

NAME _____

DATE	TIME-IN	TIME-OUT	HOURS WORKED	TASK CLASSES	DEPT. TO BE CHARGED
TOTAL	-----	-----		-----	-----

STIPEND	STEP	TOTAL

EMPLOYEE SIGNATURE _____

DATE _____

SUPERVISOR SIGNATURE _____

DATE _____

SUPERINTENDENT SIGNATURE _____

DATE _____

SBA SIGNATURE _____

DATE _____