

Month _____

Fraser Public Schools
Hourly Employee Timesheet

Year _____

Day	Date	Regular Hours	Overtime Hours	Building	Position (See List Below), Substituted for, or reason for Overtime
Total					

Employee Name _____
Please Print

Signature _____

Authorized Signature _____
Principal/Administrator

Positions:

At-Risk Intervention Specialist	Day Care Aide
Band Assistant/Accompanist	ECSE/CI Aide
Crossing Guard	Focus Four Aide
Early Intervention Aide	Health/Medical/Diabetic Aide
ELL Tutor	LRE Aide
Hall Monitor	Pre-School Aide
Home Bound Tutor	SLI Aide
In House Suspension	Spec. Ed. Aide
Latch Key AM or PM	
Meal Coordinator	
Noon Aide	
Office Aide/Sub Secretary	Sub Media Specialists
Read 180 Aide	Sub Pre-School Teacher
Technology Support	Sub Pre-School Co-Teacher
Title One Assistant	Sub Latchkey
	Sub SLI Aide
Pre-School Teacher	Sub Special Education Aide
Pre-School Co-Teacher	Sub - Other (please indicate)

Account Distribution:
Hourly Rate: _____
Account Number (ASN) _____
Prior to submitting to Payroll please verify:
<input type="checkbox"/> Building <input type="checkbox"/> Subbed For (if needed)
<input type="checkbox"/> Day/Date <input type="checkbox"/> Signatures
<input type="checkbox"/> Position