

PULASKI ACADEMY & CENTRAL SCHOOL
TIME SHEET

Supervisor's Signature _____

Two Week Pay Period Ending: _____

For Payroll Date: _____

Employee's Signature _____

Employee's Name (PRINTED) _____

Employee's Position _____

2023-2024

School Year

I hereby certify that for the pay period of _____ through _____ that _____ % of my time was spent on:
90% Reserve Title IIA Summer H/C

SUBSTITUTING :							
	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
Dates ➡							
A.M - IN							
A.M. - OUT							
P.M.- IN							
P.M. - OUT							
No. Hours							

Weekly No. Hours Worked: _____

SUBSTITUTING :							
	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
Dates ➡							
A.M - IN							
A.M. - OUT							
P.M.- IN							
P.M. - OUT							
No. Hours							

Weekly No. Hours Worked: _____

Total Hours Worked/Paid - Two Week Period: