



**Hudson**  
CITY SCHOOL DISTRICT

## Hourly Timesheet

This timesheet is to be used by employees who were appointed by the Board of Education to positions that are hourly.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

Position: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Pay Period #: \_\_\_\_\_

Please indicate which days were worked with the following: **Please put actual hours worked, ie: 8-11:30**

Date	Sun.	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.
Hours Worked														
Name of Teacher/Aide														
Administrator's Initials														

\*Name of Teacher/Aide you substituted for.

<i>I hereby certify under penalty of perjury that I have worked all of the hours on this time sheet as authorized by my Supervisor. I further understand that an incomplete or inaccurate time sheet may result in a delayed paycheck.</i>	<i>I hereby certify that the above work hours are true and correct to the best of my knowledge and were authorized in accordance with the HCSD policies and procedures. I further understand that timesheets will be returned for correction and may delay processing and payment for the employee.</i>	<b>BUSINESS OFFICE ONLY:</b>
Employee Signature: _____	Supervisor Signature: _____	Total Hours Worked: _____
Date: _____	Date: _____	Rate Per Hour: _____
		Total Amount Earned: _____