

# BELMONT-HARRISON VOCATIONAL SCHOOL DISTRICT TIME SHEET

\_\_\_\_\_  
Employee's Name (Print or Type)

**No additional time shall be paid without the prior approval of the Superintendent**

DATE	POSITION/DESCRIPTION <small>(if substituting, indicate who you are substituting for)</small>	START TIME	END TIME	LUNCH TIME	TOTAL TIME* <small>(less lunch if applicable)</small>
<b>TOTAL TIME</b>		-----	-----	-----	

**\*Total time for classified substitute, bus driver, extended service and additional time, indicate number of hours, for in-house substituting indicate the number of period(s).**

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Superintendent Signature

\_\_\_\_\_  
Date

Account Code	Payroll Use Only		Time	Rate	Amount
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____