WILLIAMS UNIFIED SCHOOL DISTRICT

STUDENT SUPERVISOR TIMESHEET

cut off date 15th of each month

NAME: _____ **Month** _____ **20**_____

Date	Job Description & Location	Time Started	*LUNCH start*	*LUNCH end*	Time Finished	Total Hours	Budget Code / Remarks

Budget Code _____ Hrs _____@ $_____ = $ _____

Budget Code _____ Hrs _____@ $_____ = $ _____

Total = $ _____

I certify that the above figures are true and correct.

_____

Employee's Signature Date

_____

Supervisor's Signature Date