CESA #11 HOURLY TIMESHEET

(photocopy as needed)

To be submitted for the 1st - 15th
and 16th - 31st of each month to
225 Ostermann Drive, Turtle Lake, WI 54889

NAME (print) ______________________________
(Last, First, MI)

DATE	HOURS WORKED			EXPLANATION / LEAVE TYPE	PAID ABSENCE HOURS	TOTAL PAID HOURS
MM/DD/CCYY	IN	OUT	HOURS			
TOTALS				PAID		
				UNPAID		

FOR OFFICE USE ONLY

Hours __________ x rate ___________

= $ ______________________

Acct.# ___________________________

Employee Signature ___________________________________

Approval Signature ___________________________________

*For an UNPAID absence, state this in the explanation column and do NOT add to total hours.

ALL absences require an Absence Report to be included with this form.