

HOME-BOUND

TIME SHEET FOR OVERTIME & CASUAL EMPLOYEES

Independent School District #624

4855 Bloom Avenue

White Bear Lake, MN 55110

NAME OF STUDENT _____ School _____

GRADE _____

SPECIAL EDUCATION STUDENT? ____ Yes ____ No Primary Disability _____

Timesheets are due in the Payroll Department each payday for payment on the following payday.

Place where work was performed	Date Worked	Time Started	Time Finished	Total Hours

Secondary

Budget # 01-E- -211-000-000-185 Hrs. X _____ Rate = _____
(Bldg)

Elementary

Budget # 01-E- -203-000-000-185 Hrs. X _____ Rate = _____
(Bldg)

TOTAL \$ _____

Employee Signature _____

Print Legal Name _____
Do not use nicknames or initials

Approved _____
Supervisor Signature

I certify that the above claim is just and true and the charges are official and are such as are allowed by law and no part of said claim has been paid.

Send this form to the Assistant Superintendent for approval.