

WINNISQUAM REGIONAL SCHOOL DISTRICT (SAU #59)
BI-WEEKLY TIME SHEET

Total Bi-Weekly Hours: _____

Please Print:

Employee Name: _____ Title: _____

Department/School: _____ Supervisor: _____

PAY PERIOD ENDING: _____

DAY	DATE	START TIME	LUNCH BREAK	STOP TIME	TOTAL HOURS
SUN					
MON					
TUES					
WED					
THR					
FRI					
SAT					

TOTAL WEEK _____

PAY PERIOD ENDING: _____

DAY	DATE	START TIME	LUNCH BREAK	STOP TIME	TOTAL HOURS
SUN					
MON					
TUES					
WED					
THR					
FRI					
SAT					

TOTAL WEEK _____

Employee Signature: _____

Supervisor's Signature: _____

NOTE: Time slips must be received in Superintendent's Office no later than 10:00AM on Monday