Berkshire Local School District
Classified Payroll Timesheet

(Please print legibly)

Name _____

Address: _____

_____

Pay Period

From _____

To _____

Job Title _____

Building _____

Date	Time Worked	Hours Worked	Name of Person Subbed For

_____ _____

Employee Signature Date

_____ _____

Supervisor Signature Date

Total Hours 0.00 Unit Rate _____

Total $0.00