

# TIMESHEET FOR OVERTIME/SUBSTITUTE HOURS OR STIPENDS

Name: \_\_\_\_\_ Report Due: \_\_\_\_\_

Department/School/Program: \_\_\_\_\_

Location: \_\_\_\_\_ Pay Period: \_\_\_\_\_ to \_\_\_\_\_

Account Code:   -    -    -     -   -

Date	Time Started	Time Finish	Rate	# of Hrs	Name of Employee Replaced (if applicable)

Total of Hours worked \_\_\_\_\_

**Supervisor's Approval:**  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Superintendent's Approval:**  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_