

Nordonia Hills City School District Timesheet

Clearly Print Full Name: _____

Month/Year: _____

Day	Day of Week	Start Time	End Time	Total Time	Explanation (Be Specific)
31					
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

Employee Signature

Supervisor/Administrator Signature

Fund to be Charged: _____ Office Use Only

Nordonia Hills City School District Timesheet

Clearly Print Full Name: _____

Month/Year: _____

Day	Day of Week	Start Time	End Time	Total Time	Explanation (Be specific)
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					

Employee Signature

Supervisor/Administrator Signature

Fund to be Charged: _____ Office Use Only