

EMPLOYEE TIMESHEET

Remit To: Malden Public Schools - Business Office - 77 Salem St., Room H105 - Malden, MA 02148

Date: _____

Employee ID #: _____
(number can be found on payroll check stub)

Name: _____

**School Year Location: _____
**(Must be entered)

Address: _____

City - State - Zip: _____

Summer Location: _____

PLEASE INDICATE THEY TYPE OF SERVICE TO BE PAID (CHECK ONE):

Grant/Account #: _____

- Bus Monitor
 Literary Assistant
 Tutoring
 Para Substitutes
 Additional Hours for _____
 OTHER _____

HOURS WORKED FROM/TO	# OF HOURS	DATE	DESCRIPTION	UNIT PRICE (HOURLY RATE)	LINE TOTAL
TOTAL			TOTAL		

EMPLOYEE SIGNATURE: _____

PRINCIPAL OR DIRECTOR AUTHORIZATION SIGNATURE: _____

DATE: _____

For Business Office Use ONLY			
Approved: <input type="checkbox"/>	Denied <input type="checkbox"/>	Reason:	
Authorization Signature: _____		Date: _____	