Bright Local Schools
Time Sheet

Name _____ SS# _____

Month/Year _____

Day	Description of Job	Start Time	End Time	Total Time
	Total Days/Hours Worked			

Please submit to the building office at the end of the day on the 15th/last day of the month.

Employee Signature Supervisor Signature

Office Use Only _____

Pay rate/code: $

$

$

Job # $

Job # $

Retirement Days Hours Total Pay $