



**Hourly Timesheet**  
Lyons Central School District

*Please fill out the following*

Name: \_\_\_\_\_

Building: \_\_\_\_\_

Position: \_\_\_\_\_ *(Tutor, custodian, detention monitor, etc.)*

	Date Worked	Time in	Time out		# of hours	Activity
Mon.				➔		
Tues.				➔		
Wed.				➔		
Thurs.				➔		
Fri.				➔		

TOTAL \_\_\_\_\_

	Date Worked	Time in	Time out		# of hours	Activity
Mon.				➔		
Tues.				➔		
Wed.				➔		
Thurs.				➔		
Fri.				➔		

TOTAL \_\_\_\_\_

Employee Signature \_\_\_\_\_

Total Hours

Supervisor Signature \_\_\_\_\_

Rate of Pay \_\_\_\_\_