

Lincoln Park Board of Education

District Timesheet

Employee: _____

Position/Stipend: _____

		HOURLY					PER DIEM			
Day	Date	In	Out	In	Out	Hours	Regular	Overtime	Double OT	# of Days
Monday							<input type="checkbox"/> Check	<input type="checkbox"/> Check	<input type="checkbox"/> Check	
Tuesday							<input type="checkbox"/> Check	<input type="checkbox"/> Check	<input type="checkbox"/> Check	
Wednesday							<input type="checkbox"/> Check	<input type="checkbox"/> Check	<input type="checkbox"/> Check	
Thursday							<input type="checkbox"/> Check	<input type="checkbox"/> Check	<input type="checkbox"/> Check	
Friday							<input type="checkbox"/> Check	<input type="checkbox"/> Check	<input type="checkbox"/> Check	
Saturday							<input type="checkbox"/> Check	<input type="checkbox"/> Check	<input type="checkbox"/> Check	
Sunday							<input type="checkbox"/> Check	<input type="checkbox"/> Check	<input type="checkbox"/> Check	
Monday							<input type="checkbox"/> Check	<input type="checkbox"/> Check	<input type="checkbox"/> Check	
Tuesday							<input type="checkbox"/> Check	<input type="checkbox"/> Check	<input type="checkbox"/> Check	
Wednesday							<input type="checkbox"/> Check	<input type="checkbox"/> Check	<input type="checkbox"/> Check	
Thursday							<input type="checkbox"/> Check	<input type="checkbox"/> Check	<input type="checkbox"/> Check	
Friday							<input type="checkbox"/> Check	<input type="checkbox"/> Check	<input type="checkbox"/> Check	
Saturday							<input type="checkbox"/> Check	<input type="checkbox"/> Check	<input type="checkbox"/> Check	
Sunday							<input type="checkbox"/> Check	<input type="checkbox"/> Check	<input type="checkbox"/> Check	
						Total Hours				
						Total Days				
Stipend										

PAYROLL OFFICE

Hourly Rate				
Daily Rate				
Total Pay				

Employee signature _____ Date _____

Board Approval Date: _____

Principal/Supervisor signature _____ Date _____

Account Code: _____