Employee Name: _____

(Please Print)

HAMILTON COUNTY COMMUNITY UNIT DISTRICT NO 10

CAFÉ CASHIER

MONTHLY TIMESHEET

PAYROLL PERIOD_____

SCHOOL	DATE	TIME IN	TIME OUT	HOURS

EMPLOYEE SIGNATURE SUPERVISOR SIGNATURE

Please turn time sheet in to your building principal by the 10th of each month.

You will be paid monthly. Payments will be made on the 20th payroll of the month.

Payroll period should be 11th of first month thru the 10th of the following month (mo/11/20## - mo/10/20##).