



# Natchitoches Parish School Board Time Sheet

All information must be completed or this form will be returned and payment may be delayed.

EMPLOYEE'S NAME \_\_\_\_\_ PROGRAM \_\_\_\_\_

SCHOOL \_\_\_\_\_ MONTH \_\_\_\_\_ YEAR \_\_\_\_\_

POSITION \_\_\_\_\_

## HOURS WORKED

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Total
1 <sup>st</sup> Week								
2 <sup>nd</sup> Week								
3 <sup>rd</sup> Week								
4 <sup>th</sup> Week								
5 <sup>th</sup> Week								
								<b>Total Hours</b>

Indicate below date(s) and reason(s) for absences:

I certify that the hours reported above are correct.

\_\_\_\_\_  
Emp #                      Employee Signature                      Principal Signature                      Supervisor/Coordinator Signature