



# ROSCOMMON AREA PUBLIC SCHOOLS

## STAFF TIME SHEET

Name: \_\_\_\_\_ Building: \_\_\_\_\_ Pay Period: \_\_\_\_\_ Rate: \_\_\_\_\_

### Department

O/M: \_\_\_\_\_ Substitute Teachers: \_\_\_\_\_ Aides: \_\_\_\_\_ Secretaries: \_\_\_\_\_ Staff Dev \_\_\_\_\_

DATE	START TIME	END TIME	HOURS	STAFF SCHEDULE COMMENTS
Transportation Driver Meal Allowance				PAYROLL/BUSINESS OFFICE COMMENTS
Date	Allowance	Trip Location		

I certify that the hours stated are correct.

\_\_\_\_\_  
Employee

\_\_\_\_\_  
Approved/Supervisor or Principal