

Cost Center: .
 Pay Period: 05
 Ending: March 11
 Pay Date: March 17



SCHOOL DISTRICT NO.6
CUPE CASUAL TIMESHEET

Employee	SUN 02-26	MON 02-27	TUE 02-28	WED 03-01	THU 03-02	FRI 03-03	SAT 03-04	SUN 03-05	MON 03-06	TUE 03-07	WED 03-08	THU 03-09	FRI 03-10	SAT 03-11	TOTAL
----------	--------------	--------------	--------------	--------------	--------------	--------------	--------------	--------------	--------------	--------------	--------------	--------------	--------------	--------------	-------

First Name: _____															
Last Name: _____															
Position: _____															
Employee #: _____															

First Name: _____															
Last Name: _____															
Position: _____															
Employee #: _____															

First Name: _____															
Last Name: _____															
Position: _____															
Employee #: _____															

First Name: _____															
Last Name: _____															
Position: _____															
Employee #: _____															

Approved: _____	Comments Notes: _____
Supervisor's Signature _____	_____

Cost Center: .
 Pay Period: 06
 Ending: March 25
 Pay Date: March 31



**SCHOOL DISTRICT NO.6
 CUPE CASUAL TIMESHEET**

Employee	SUN 03-12	MON 03-13	TUE 03-14	WED 03-15	THU 03-16	FRI 03-17	SAT 03-18	SUN 03-19	MON 03-20	TUE 03-21	WED 03-22	THU 03-23	FRI 03-24	SAT 03-25	TOTAL
----------	--------------	--------------	--------------	--------------	--------------	--------------	--------------	--------------	--------------	--------------	--------------	--------------	--------------	--------------	-------

First Name: _____															
Last Name: _____															
Position: _____															
Employee #: _____															

First Name: _____															
Last Name: _____															
Position: _____															
Employee #: _____															

First Name: _____															
Last Name: _____															
Position: _____															
Employee #: _____															

First Name: _____															
Last Name: _____															
Position: _____															
Employee #: _____															

SPRING BREAK

Approved _____ Supervisor's Signature _____	Comments Notes: _____ _____ _____
--	--

Cost Center: .
 Pay Period: 07
 Ending: April 08
 Pay Date: April 14



**SCHOOL DISTRICT NO.6
 CUPE CASUAL TIMESHEET**

Employee	SUN 03-26	MON 03-27	TUE 03-28	WED 03-29	THU 03-30	FRI 03-31	SAT 04-01	SUN 04-02	MON 04-03	TUE 04-04	WED 04-05	THU 04-06	FRI 04-07	SAT 04-08	TOTAL
----------	--------------	--------------	--------------	--------------	--------------	--------------	--------------	--------------	--------------	--------------	--------------	--------------	--------------	--------------	-------

First Name: _____ Last Name: _____ Position: _____ Employee #: _____	SPRING BREAK														
First Name: _____ Last Name: _____ Position: _____ Employee #: _____															
First Name: _____ Last Name: _____ Position: _____ Employee #: _____															
First Name: _____ Last Name: _____ Position: _____ Employee #: _____															

Approved _____ Supervisor's Signature _____	Comments Notes: _____ _____ _____
--	--

Cost Center: .
 Pay Period: 08
 Ending: April 22
 Pay Date: April 28



SCHOOL DISTRICT NO.6
CUPE CASUAL TIMESHEET

Employee	SUN 04-09	MON 04-10	TUE 04-11	WED 04-12	THU 04-13	FRI 04-14	SAT 04-15	SUN 04-16	MON 04-17	TUE 04-18	WED 04-19	THU 04-20	FRI 04-21	SAT 04-22	TOTAL
----------	--------------	--------------	--------------	--------------	--------------	--------------	--------------	--------------	--------------	--------------	--------------	--------------	--------------	--------------	-------

First Name: _____						S T A T H O L I D A Y			S T A T H O L I D A Y							
Last Name: _____																
Position: _____																
Employee #: _____																

First Name: _____						S T A T H O L I D A Y			S T A T H O L I D A Y						
Last Name: _____															
Position: _____															
Employee #: _____															

First Name: _____						S T A T H O L I D A Y			S T A T H O L I D A Y						
Last Name: _____															
Position: _____															
Employee #: _____															

First Name: _____						S T A T H O L I D A Y			S T A T H O L I D A Y						
Last Name: _____															
Position: _____															
Employee #: _____															

Approved _____ Supervisor's Signature	Comments Notes: _____ _____ _____
---	--

Cost Center: .
 Pay Period: 09
 Ending: May 06
 Pay Date: May 12



SCHOOL DISTRICT NO.6
CUPE CASUAL TIMESHEET

Employee	SUN 04-23	MON 04-24	TUE 04-25	WED 04-26	THU 04-27	FRI 04-28	SAT 04-29	SUN 04-30	MON 05-01	TUE 05-02	WED 05-03	THU 05-04	FRI 05-05	SAT 05-06	TOTAL
----------	--------------	--------------	--------------	--------------	--------------	--------------	--------------	--------------	--------------	--------------	--------------	--------------	--------------	--------------	-------

First Name: _____															
Last Name: _____															
Position: _____															
Employee #: _____															

First Name: _____															
Last Name: _____															
Position: _____															
Employee #: _____															

First Name: _____															
Last Name: _____															
Position: _____															
Employee #: _____															

First Name: _____															
Last Name: _____															
Position: _____															
Employee #: _____															

Approved: _____	Comments Notes: _____
Supervisor's Signature _____	_____

Cost Center: .
 Pay Period: 10
 Ending: May 20
 Pay Date: May 26



SCHOOL DISTRICT NO.6
CUPE CASUAL TIMESHEET

Employee	SUN 05-07	MON 05-08	TUE 05-09	WED 05-10	THU 05-11	FRI 05-12	SAT 05-13	SUN 05-14	MON 05-15	TUE 05-16	WED 05-17	THU 05-18	FRI 05-19	SAT 05-20	TOTAL
----------	--------------	--------------	--------------	--------------	--------------	--------------	--------------	--------------	--------------	--------------	--------------	--------------	--------------	--------------	-------

First Name: _____															
Last Name: _____															
Position: _____															
Employee #: _____															

First Name: _____															
Last Name: _____															
Position: _____															
Employee #: _____															

First Name: _____															
Last Name: _____															
Position: _____															
Employee #: _____															

First Name: _____															
Last Name: _____															
Position: _____															
Employee #: _____															

Approved: _____	Comments Notes: _____
Supervisor's Signature _____	_____

Cost Center: .
 Pay Period: 11
 Ending: June 03
 Pay Date: June 09



SCHOOL DISTRICT NO.6
CUPE CASUAL TIMESHEET

Employee	SUN 05-21	MON 05-22	TUE 05-23	WED 05-24	THU 05-25	FRI 05-26	SAT 05-27	SUN 05-28	MON 05-29	TUE 05-30	WED 05-31	THU 06-01	FRI 06-02	SAT 06-03	TOTAL
----------	--------------	--------------	--------------	--------------	--------------	--------------	--------------	--------------	--------------	--------------	--------------	--------------	--------------	--------------	-------

First Name: _____	S T A T														
Last Name: _____															
Position: _____															
Employee #: _____															

First Name: _____	H O L I D A Y														
Last Name: _____															
Position: _____															
Employee #: _____															

First Name: _____															
Last Name: _____															
Position: _____															
Employee #: _____															

First Name: _____															
Last Name: _____															
Position: _____															
Employee #: _____															

Approved _____ Supervisor's Signature	Comments Notes: _____ _____ _____
---	--

Cost Center: .
 Pay Period: 12
 Ending: June 17
 Pay Date: June 23



SCHOOL DISTRICT NO.6
CUPE CASUAL TIMESHEET

Employee	SUN 06-04	MON 06-05	TUE 06-06	WED 06-07	THU 06-08	FRI 06-09	SAT 06-10	SUN 06-11	MON 06-12	TUE 06-13	WED 06-14	THU 06-15	FRI 06-16	SAT 06-17	TOTAL
----------	--------------	--------------	--------------	--------------	--------------	--------------	--------------	--------------	--------------	--------------	--------------	--------------	--------------	--------------	-------

First Name: _____															
Last Name: _____															
Position: _____															
Employee #: _____															

First Name: _____															
Last Name: _____															
Position: _____															
Employee #: _____															

First Name: _____															
Last Name: _____															
Position: _____															
Employee #: _____															

First Name: _____															
Last Name: _____															
Position: _____															
Employee #: _____															

Approved: _____	Comments Notes: _____
Supervisor's Signature _____	_____

Cost Center: .
 Pay Period: 13
 Ending: July 01
 Pay Date: July 07



SCHOOL DISTRICT NO.6
CUPE CASUAL TIMESHEET

Employee	SUN 06-18	MON 06-19	TUE 06-20	WED 06-21	THU 06-22	FRI 06-23	SAT 06-24	SUN 06-25	MON 06-26	TUE 06-27	WED 06-28	THU 06-29	FRI 06-30	SAT 07-01	TOTAL
----------	--------------	--------------	--------------	--------------	--------------	--------------	--------------	--------------	--------------	--------------	--------------	--------------	--------------	--------------	-------

First Name: _____															
Last Name: _____															
Position: _____															
Employee #: _____															

First Name: _____															
Last Name: _____															
Position: _____															
Employee #: _____															

First Name: _____															
Last Name: _____															
Position: _____															
Employee #: _____															

First Name: _____															
Last Name: _____															
Position: _____															
Employee #: _____															

Approved: _____	Comments Notes: _____
Supervisor's Signature _____	_____

Cost Center: .
 Pay Period: 14
 Ending: July 15
 Pay Date: July 21



SCHOOL DISTRICT NO.6
CUPE CASUAL TIMESHEET

Employee	SUN 07-02	MON 07-03	TUE 07-04	WED 07-05	THU 07-06	FRI 07-07	SAT 07-08	SUN 07-09	MON 07-10	TUE 07-11	WED 07-12	THU 07-13	FRI 07-14	SAT 07-15	TOTAL
----------	--------------	--------------	--------------	--------------	--------------	--------------	--------------	--------------	--------------	--------------	--------------	--------------	--------------	--------------	-------

First Name: _____															
Last Name: _____															
Position: _____															
Employee #: _____															

First Name: _____															
Last Name: _____															
Position: _____															
Employee #: _____															

First Name: _____															
Last Name: _____															
Position: _____															
Employee #: _____															

First Name: _____															
Last Name: _____															
Position: _____															
Employee #: _____															

Approved: _____	Comments Notes: _____
Supervisor's Signature _____	_____