

# Newaygo County Regional Educational Service Agency

## Employee Timesheet

**Employee Name:** \_\_\_\_\_

**PAY PERIOD:** \_\_\_\_\_ **to:** \_\_\_\_\_

<i>Date</i>	<i>Start Time</i>	<i>Lunch Period</i>	<i>End Time</i>	<i>Total Hours</i>	<i>PROGRAM or Name of the Employee You Subbed For</i>
<i>1st week total hours</i>					
<i>2nd week total hours</i>					
<b><i>Grand Total of Hours to be Paid</i></b>					

**Employees Signature:** \_\_\_\_\_ **Supervisor Signature:** \_\_\_\_\_

*revised: 8/2011*

*Timesheets are due according to schedule on back of this timesheet. If you need assistance, please contact Sue McGaffigan at 231-924-8862 or Katie Renouf at 231-924-8805. Timesheets may be faxed to 231-924-8817. Thank you!*