



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 st Week								
2 nd Week								
3 rd Week								
4 th Week								
5 th Week								
							Total Hours	

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