**FOUKE PUBLIC SCHOOLS**
**MONTHLY TIMESHEET**

**EMPLOYEE**_____ **LAST 4 DIGITS OF SS#**_____

**For Month Ended:**_____ **POSITION:**_____

| Date | Time In | Time Out | Total Hours |
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Employee Signature Date Supervisor Signature Date

Budget Unit _____

**********OFFICE USE ONLY**********

Number of Hours _____ x Rate of Pay _____ = Total Due _____