

**CAYUGA-ONONDAGA BOCES
ADULT EDUCATION TIME SHEET**

Employee's Name: _____ Date: _____

DATE MONTH/DAY	M,T,W,TH,F	TIME IN	TIME OUT	TOTAL HRS WORKED
/31				
/1				
/2				
/3				
/4				
/5				
/6				
/7				
/8				
/9				
/10				
/11				
/12				
/13				
/14				
/15				

SCHOOL BUILDING: _____ TOTAL HRS WORKED THIS PAY PERIOD: _____

Employee's Signature: _____ Date: ____/____/____

Approval of Supervisor: _____ Date: ____/____/____

Program Budget Code (Check one):

- | | | | |
|----------------|--------------------|----------------|---------------|
| F-892-1405-150 | Pract. Nurse Prog. | F-892-5916-150 | Adult Ed HSE |
| F-892-1415-150 | Adult Ed | F-839-1415-150 | Adult Ed EPE |
| F-892-2405-150 | Nurse Aide Prog. | F-894-1415-150 | Adult Ed SNAP |

Remember every pay day is the day you turn in your time card.

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ADULT EDUCATION TIME SHEET**

Employee's Name: _____ Date: _____

DATE MONTH/DAY	M,T,W,TH,F	TIME IN	TIME OUT	TOTAL HRS WORKED
/16				
/17				
/18				
/19				
/20				
/21				
/22				
/23				
/24				
/25				
/26				
/27				
/28				
/29				
/30				

SCHOOL BUILDING: _____ TOTAL HRS WORKED THIS PAY PERIOD: _____

Employee's Signature: _____ Date: ____/____/____

Approval of Supervisor: _____ Date: ____/____/____

Program Budget Code (Check one):

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|----------------|--------------------|----------------|---------------|
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