

**CAYUGA-ONONDAGA BOCES  
PART TIME EMPLOYEE TIME SHEET**

Employee's Name: \_\_\_\_\_ Date: \_\_\_\_\_

DATE MONTH/DAY	M,T,W, TH,F	TIME IN	LUNCH	TIME OUT	TOTAL HRS WORKED	SUBSTITUTED FOR
/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)

A-502-6310-160 (PT MVO)

A-652-7140-160 (PT Typist)

F-806-1415-1609 (DDP)

F-884-1415-160 (PT Daycare)

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

**CAYUGA-ONONDAGA BOCES  
PART TIME EMPLOYEE TIME SHEET**

Employee's Name: \_\_\_\_\_ Date: \_\_\_\_\_

DATE MONTH/DAY	M,T,W, TH,F	TIME IN	LUNCH	TIME OUT	TOTAL HRS WORKED	SUBSTITUTED FOR
/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: \_\_\_\_/\_\_\_\_/\_\_\_\_

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