

Ringgold School District

CYBER BIWEEKLY TIMESHEET

Name: _____

Position: _____

Bldg Code: _____

| Day | Date | Indicate 'X' in ONE Box | |
|-----------|------|-------------------------|-------------------|
| | | 1-15 Students | 16-30 Students |
| Monday | | | |
| Tuesday | | | |
| Wednesday | | | |
| Thursday | | | |
| Friday | | | |
| | | | |
| Monday | | | |
| Tuesday | | | |
| Wednesday | | | |
| Thursday | | | |
| Friday | | | |

TOTAL WEEKS FOR PAYMENT _____

Employee Signature: _____ Date: _____

Principal/Supervisor: _____ Date: _____

Director of Curriculum: _____ Date: _____

Payment cannot be made until timesheet is approved by Director of Curriculum to verify student count.

(Your signature above is verification that the above information is true and correct.)

This timesheet is due in the Business Office **Monday following payday** for the preceding work period.