

# MINFORD LOCAL SCHOOL

## COMPENSATION TIME SHEET

Name \_\_\_\_\_

Position \_\_\_\_\_

### COMP. TIME WORKED

APPROVED BY \_\_\_\_\_ DATE \_\_\_\_\_

DATE	STARTING TIME	ENDING TIME	TOTAL HRS WORKED	Duties Performed (Use more than one line if necessary)

\_\_\_\_\_ DATE \_\_\_\_\_

### COMP. TIME TAKEN

APPROVED BY \_\_\_\_\_ DATE \_\_\_\_\_

DATE	HOURS TAKEN		

\_\_\_\_\_ DATE \_\_\_\_\_

ALL COMP. TIME MUST BE APPROVED BY THE SUPERVISOR. COMP. TIME WORKED MUST TIME MUST BE TAKEN WITHIN THE FISCAL YEAR IN WHICH IT WAS WORKED. WHEN TAKING COMP. TIME, ALL PAPERS MUST BE TURNED INTO TREASURER'S OFFICE.