Manchester Local School District
Supplemental Timesheet

Total Hours not to exceed _____ without School Board Approval

Employee Name: _____ **Date:** _____

Supplemental Position: _____

	Date	**Date**	**Date**	**Date**	**Date**	**Date**	**Date**	**TOTAL**	**Initial**
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday		
Hours									
	Date	**Date**	**Date**	**Date**	**Date**	**Date**	**Date**		
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday		
Hours									
	Date	**Date**	**Date**	**Date**	**Date**	**Date**	**Date**		
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday		
Hours									
	Date	**Date**	**Date**	**Date**	**Date**	**Date**	**Date**		
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday		
Hours									
	Date	**Date**	**Date**	**Date**	**Date**	**Date**	**Date**		
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday		
Hours									
	Date	**Date**	**Date**	**Date**	**Date**	**Date**	**Date**		
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday		
Hours									
	Date	**Date**	**Date**	**Date**	**Date**	**Date**	**Date**		
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday		
Hours									
	Date	**Date**	**Date**	**Date**	**Date**	**Date**	**Date**		
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday		
Hours									
	Date	**Date**	**Date**	**Date**	**Date**	**Date**	**Date**		
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday		
Hours									

Employee Signature: _____ **Date:** _____

Administrator Signature: _____ **Date:** _____