## BYRON BERGEN CENTRAL SCHOOL DISTRICT BIWEEKLY TIME SHEET SUMMARY

EMPLOYEE NAME:	EMPLOYEE NAME:	
(Please print)	(Please print)	
WEEK ENDING:	WEEK ENDING:	
JOB TITLE:	JOB TITLE:	
EMPLOYEE REPLACED:	EMPLOYEE REPLACED:	

**WEEK # 1** 

## WEEK # 2

						HOURS							HOURS
	IN	OUT	LUNCH	IN	OUT	WORKED		IN	OUT	LUNCH	IN	OUT	WORKED
MONDAY							MONDAY						
TUESDAY							TUESDAY						
WEDNESDAY							WEDNESDAY						
THURSDAY							THURSDAY						
FRIDAY							FRIDAY						
SATURDAY							SATURDAY						
SUNDAY							SUNDAY						
					TOTAL							TOTAL	
EMPLOYEE SIGNATURE:						EMPLOYEE SIGNATURE:							
SUPERVISOR SIGNATURE:						SUPERVISOR SIGNATURE:							