

Pleasantville Public Schools
CLASS COVERAGE TIMESHEET
(Approval is required prior to work being performed)

Account # _____ Pay Day _____

Project Name _____

PRINT Employee's Name _____

Coverage For (employee):

Pay Period: From _____ To _____

Date	Time In	Time Out	# of Hours	Initials

Total Hours _____ @ \$40.00 Per Hour = _____

I certify the above detailed hours have been completed as authorized

EMPLOYEE'S SIGNATURE / DATE

SUPERVISOR'S SIGNATURE / DATE

NOTE: This form is to be used to request payment for Class Coverage Only!