

WESTLAKE HIGH SCHOOL SUPERVISION TIME SHEET

ACTIVITY _____

DATE _____

NAME _____

Employee ID # _____

SSN _____ - _____ - _____
(needed only if you are a new employee)

SUPERVISION TASK _____

TIME WORKED: _____ : _____ AM/PM - _____ : _____ AM/PM

NUMBER OF HOURS WORKED _____ HOURS

SIGNATURE _____

If you wish to be paid, submit this supervision time sheet to Mrs. Clark ASAP following the activity. Remember, you are responsible to turn the time sheet in if you wish to be paid. Time sheet(s) must be turned in during the current pay period.

<p><i>Office Use Only</i></p> <p>_____ x \$ <u>10.00</u> = \$ _____</p> <p><i>Account Number</i> _____</p>
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