



SAN FRANCISCO SCHOOL ALLIANCE

Phone 415-955-5790; Fax 415-955-5799

Originals at www.sfschoolalliance.org

Employee Time Sheet

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Name: _____

Period from: __/__/__ to __/__/__

In the table below, please enter the number of hours you worked each day. Write "S" for sick, "H" for holiday, or "V" for vacation.

	Monday	Tuesday	Wednesday	Thursday	Friday	Totals:
Date:						Sick Hours: _____
Hours:						Holiday Hours: _____
Date:						Vacation Hours: _____
Hours:						Hours Worked: _____
						TOTAL HOURS: _____

Employee Signature

Supervisor Signature

SFSA Signature