

Lexington Public Schools
 146 Maple Street
 Lexington, MA. 02420

Biweekly Time Sheet

Program/School: _____

Paycheck date: _____

Employee Name : _____
 (please print)

Period Ending : _____

Position: _____

Account #: _____

Date	From	To	Lunch	From	To	Daily Hrs	Notes
					Total Hrs		

Employee Signature: _____

Approved by : _____
 School Principal / Program Coordinator

Date: _____

To be processed by payroll:

Hourly Rate: _____

Total Amount Paid: _____