HASTINGS PUBLIC SCHOOLS
HASTINGS-ON-HUDSON, NEW YORK 10706
TIME SHEET

EMPLOYEE NAME:_____

TITLE/POSITION	IN	LUNCH	OUT	#OF HRS.	DATE	PURPOSE	RATE

ADMINISTRATOR'S SIGNATURE:_____

TITLE:_____

BUDGET CODE TO BE CHARGED:_____

EMPLOYEE NAME (Please Print)_____

EMPLOYEE SIGNATURE:_____

DATE:_____