



Time Sheet

Employees Name: _____

Employees Phone: _____

Date	Academy Hours	Coaching Hours	Rating Date	Other Task (Details)
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				
Total Hours				
Rate of Pay				
Total				

REIMBURSEMENTS:

Date	For *MUST BE ACCOMPANIED BY RECIEPTS	Amount

Totals:

Academy
 Coaching
 Rating
 Other
 Reimbursement
 Total Check

Employee Signature _____

Supervisor Signature _____

Check will be cut every two weeks on the 1st/15th. Time sheets, completed and signed by employee and supervisor must be faxed to the Treasurer at 601-696-8044 NLT the 28th/13th to be paid.

Sheets turned in late will be added to the following paycheck.