MVRCOG PAYROLL TIME SHEET

Fax Completed Time sheet to: 330-533-8772 or email to timesheets@mvrcog.org

EMPLOYEE NAME: _____ POSITION: _____ PAY

PERIOD START DATE: _____ END DATE: _____

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Weekly Total
Date (m/d/y)								
Start Time								
Lunch Time								
End Time								
Time Worked								
Comment								

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Weekly Total
Date (m/d/y)								
Start Time								
Lunch Time								
End Time								
Time Worked								
Comment								

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Weekly Total
Date (m/d/y)								
Start Time								
Lunch Time								
End Time								
Time Worked								
Comment								

Note: Timesheet is due in the MVRCOG Treasurer's office within **TWO** working days following the pay period ending date. By affixing signature hereto, employee and supervisor acknowledge approval and verification of hours worked.

_____ _____

Employee Signature Date

_____ _____ _____

Teacher or Supervisor Signature Date

Total hours worked this pay period _____ **X $** _____ **Rate = $**_____