

SHEFF ACADEMIC GRANT TIME CARD

*East Granby Public Schools
East Granby, Connecticut*

* print on pink paper

Week Start: _____

Week Ending: _____

Employee

Name: _____

Student Name: _____

Allgrove Seymour Middle High Off-Site	Day	Date	Time In	Lunch	Time Out	Total Hrs.	Office Use
School:	Monday						
School:							
School:	Tuesday						
School:							
School:	Wednesday						
School:							
School:	Thursday						
School:							
School:	Friday						
School:							
School:	Saturday						
School:	Sunday						

Employees are responsible for the accuracy of their own time cards.

Total Hours

***This is to certify my understanding that during the dates indicated on this timesheet,
the hours worked were specific to the Sheff Academic Grant.***

Employee
Signature _____

Teacher (if
applicable) _____

Administrator _____