



SULLIVAN COUNTY BOCES TIME SHEET

Name: _____

Department: _____

Program: _____

Date	Time Worked	# of Hours	Full or 1/2 Day	Purpose
TOTAL # OF HOURS/DAY				

EMPLOYEE'S SIGNATURE: _____ DATE: _____

DEPT DIRECTOR'S SIGNATURE: _____

DISTRICT ADMINISTRATOR'S SIGNATURE: _____

For BOCES Administrative Use	
RATE OF PAY:	BUDGET CODE: