The Education Cooperative

Bi-weekly time sheet

The Education Cooperative
P.O. Box 186
Dedham, MA 02027

Employee Name: _____

Bi-weekly pay date: _____

please fill in date----->															
	Fri	Sat	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Sun	Mon	Tues	Wed	Thurs	Comment

Mark "1" for each day worked, or mark ".5 " for each 1/2 day or ".25 " for each quarter day.

Direct program/Grant/Contract Activities

Program Name															
Indirect Activities															

Mark "1" for each day of absence, or mark ".5" for each 1/2 day or ".25" for each quarter day.

Vacation															
Sick leave															
Holiday															
Personal															
Jury Duty															
Other															

Employee Signature:_____ Date:_____ Program Administrator: _____ Date:_____

Normal work day for teachers minimum 7 hours.

Normal work day for office staff is 7.5 hours.