Life Guard

Ballston Spa Central Schools
Life Guard Timesheet

Name: _____   **SSN (last 4 digits)** _____   **School/Building:** _____

Date Beginning: _____   **Date Ending:** _____   **Payroll Dated:** _____

Day	Date	AM/PM	Instructional Program Hours Time In	Time Out	Total Hours	AM PM	Community Swim Hours Time In	Time Out	Total Hours
Sunday									
Monday									
Tuesday									
Wednesday									
Thursday									
Friday									
Saturday									
Sunday									
Monday									
Tuesday									
Wednesday									
Thursday									
Friday									
Saturday									
Total Hours Worked						Total Hours Worked			

Budget Code: A2110-160-1250-15 _____   Hours _____ X Rate _____ = $ _____

Budget Code: _____   Hours _____ X Rate _____ = $ _____

Budget Code: A2330-160-5340-53 _____   Hours _____ X Rate _____ = $ _____

I certify that the above attendance record and all data are correct.

_____   _____
Employee's Signature   **Supervisor's Signature**