

**CESA #11 HOURLY TIMESHEET**  
(photocopy as needed)

To be submitted for the 1st - 15th  
and 16th - 31st of each month to  
225 Ostermann Drive, Turtle Lake, WI 54889

NAME (print) \_\_\_\_\_  
(Last, First, MI)

DATE MM/DD/CCYY	HOURS WORKED			EXPLANATION / LEAVE TYPE	PAID ABSENCE HOURS	TOTAL PAID HOURS
	IN	OUT	HOURS			
<b>TOTALS</b>						
					PAID	
					UNPAID	

<i>FOR OFFICE USE ONLY</i>	
Hours _____ x rate _____	
= \$ _____	
Acct.# _____	

Employee Signature \_\_\_\_\_  
Approval Signature \_\_\_\_\_

\*For an UNPAID absence, state this in the explanation column and do NOT add to total hours.  
**ALL absences require an Absence Report to be included with this form.**