**Yellowstone-West/Carbon County**

**Special Services Cooperative TIME SHEET**

714 E 5th Street, Laurel MT 59044

406-839-2339 Fax 406-633-4286

**Employee Name:** **Position:**

**School:** **Month/Year:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **DATE** | **HOURS** | | **DATE** | **HOURS** |
| 1 |  | | 17 |  |
| 2 |  | | 18 |  |
| 3 |  | | 19 |  |
| 4 |  | | 20 |  |
| 5 |  | | 21 |  |
| 6 |  | | 22 |  |
| 7 |  | | 23 |  |
| 8 |  | | 24 |  |
| 9 |  | | 25 |  |
| 10 |  | | 26 |  |
| 11 |  | | 27 |  |
| 12 |  | | 28 |  |
| 13 |  | | 29 |  |
| 14 |  | | 30 |  |
| 15 |  | | 31 |  |
| 16 |  | |  |  |
|  |  | **TOTAL HOURS:** | |  |

Employee Signature: Date:

Supervisor Signature: Date:

|  |  |  |  |
| --- | --- | --- | --- |
| **FOR OFFICE USE ONLY** | | | |
| **HOURS** | **DEDUCTION** | **RATE** |  |
|  |  |  |
|  |  |  |
|  | FICA |  |
| MEDICARE |  |
| FEDERAL TAX |  |
| STATE TAX |  |
| RETIREMENT |  |
| INSURANCE |  |
| TSA |  |
| TOTAL DEDUCTIONS |  |
|  | | NET PAY |  |