Shakopee Public Schools   *2024-2025 School Year*

Regular Timesheet   **Nonteaching Positions Only**

Employee Name: **Employee Number:**

School Location: **Position:**

Check if you have a CEU Stipend or Certification ☐

Date	Start Time	End Time	Lunch Time	Total Hrs. Worked

Total Hours Worked - _____

Employee Signature: _____   Date: _____

Supervisor Signature: _____   Date: _____

Expenditure Code (If Needed) _____