Theatre Department Time Sheet

This time sheet must be completed & returned immediately upon the completion of the production

Show: _____ Social Security: _____

Name: _____ Hourly Rate: _____
(If other than $6:00 per hour)

Position: _____

Address

Note: You only need to fill this out the first time you work each year, and when either changes.

College	Home
Street _____	Street _____
City, state, zip _____	City, state, zip _____
Phone _____	Phone _____

Day and Date	Time In	Time Out	Hours	Notes
		Total Hours		**Total Due: $** _____