

HARALSON COUNTY SCHOOLS MONTHLY TIME SHEETS

EMPLOYEE SIGNATURE

SUPERVISOR SIGNATURE

- () Afterschool Program
- () Teacher Hospital Homebound
- () Student Worker
- () Custodian

- () Rebel Academy
- () Maintenance Dept

Employee Name: _____

S.S. Number: _____

Work Location: _____

Pay Period: _____

Days Worked

<u>Date</u>	<u>Hours</u>	<u>Date</u>	<u>Hours</u>	<u>Date</u>	<u>Hours</u>	<u>Date</u>	<u>Hours</u>
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
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_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

CENTRAL OFFICE USE ONLY

Pay Basis: () Hourly Rate _____ # Reg Hours _____

Ovt. Hours _____

Monthly Gross Total: _____

of Sick Days _____

Additional Gross Amt: _____

of Personal Days _____

of Vacation Days _____