

GENERAL TIME SHEET (ALL EMPLOYEES EXCEPT TRANSPORTATION)

MONTH: _____ EMPLOYEE SIGNATURE: _____

SCHOOL NAME: _____ SOC. SECURITY #: _____

DEPARTMENT _____ Work Code #1 _____ Work Code #2 _____ Employee Replacing _____ Building _____

Date	Work Hrs.	Total Hrs.	Work Code #1	Work Code #2	Employee Replacing	Building
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						

Total _____

OFFICE USE ONLY		
HRS.	RATE	TOTAL PAY

Principal's Signature

Supervisor's Signature

Place a X In:
 Work Code #1 - working as a Sub
 Work Code #2 - working extra hours