

**WARREN COUNTY SCHOOLS
EMPLOYEE TIME SHEET**

FD-114
Revised: July 23, 2007

Name: _____

Site: _____

Employee ID: _____

Period Covered: _____

AL - Annual Leave; BL - Bonus Leave; SL - Sick Leave; H - Holiday; PL - Professional Leave Comp time forward: _____

Day of Week	Date	Attendance Time This Job						Total Time Worked	Comments
		Morning		Afternoon		Night			
		Start Time	Stop Time	Start Time	Stop Time	Start Time	Stop Time		
Mon.									
Tues.									
Wed.									
Thurs.									
Fri.									
Sat.									
Sun.									
Total 1st Week									
Mon.									
Tues.									
Wed.									
Thurs.									
Fri.									
Sat.									
Sun.									
Total 2nd Week									
Mon.									
Tues.									
Wed.									
Thurs.									
Fri.									
Sat.									
Sun.									
Total 3rd Week									
Mon.									
Tues.									
Wed.									
Thurs.									
Fri.									
Sat.									
Sun.									
Total 4th Week									
Mon.									
Tues.									
Wed.									
Thurs.									
Fri.									
Sat.									
Sun.									
Total 5th Week									
Grand Total									

Falsifying information is grounds for dismissal.

Comp Time Balance: _____

I hereby certify that the above report of time is correct and includes only hours worked each day with leave indicated.

I hereby certify that I have examined this report and to my knowledge it is a correct statement.

Employee Signature

Date

Supv. Signature

Date