

Washington County Schools
Certified / Classified Employee Time Report for Additional
Activities*

Month/Year: _____

Name _____

Job Description/Activity _____

Note: Please mark hours worked

Day	Date	Total Hours
	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 Hours Worked		-

Munis Code/Funding Source: _____

This completed form must be submitted the 1st and 16th each month.

I certify the above time sheet to be a true record of the time worked by this employee assigned to this school/work site.

This time sheet shall be used to certify work time for certified (exempt) employees.

 Signature of Employee

 Date

 Supervisor/Principal Signature

 Date

* Activities include specific training, homebound, Extended School Services, etc.