

Washington County Schools - Classified Part-Time / Sub Timesheets

Month/Year: _____

Name _____

Location _____ Position _____

For ACA Tracking only

Day	Date	Time In	Time Out	Time In	Time Out	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					
Totals						

Munis Code/
Funding Source: _____

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

Signature of Employee _____ Date _____

Superintendent /Supervisor Signature _____ Date _____