

- Daytime ESS Tutoring
- Afterschool Tutoring
- Professional Development
- Saturday School
- Additional Work Time

Payment Requested

- Half
- Whole

Trigg County Schools

MONTHLY TIME SHEET

Please print using blue or black ink only.
DO NOT use red.

Employee Name _____

Employee Number _____

Sport Activity _____

Day of Month	Description of Job Performed	Time In	Time Out	Total Hours	Signature
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
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26					
27					
28					
29					
30					
31					

I hereby certify that the above sheet included all work performed by me on my official business while working as an unscheduled employee of the Trigg County Board of Education

To be completed by Accounting Dept.
Code _____

Employee's Signature _____

Date _____

Approved by _____

Date _____