Appling County Board of Education Employee Time Sheet for

Month_____ Year_____ Position_____ Work Location_____

Employee's Name: _____ Supervisor's Name_____

(Please Print) First Middle Last

FIRST WEEK

Day	Date	Time In	Time Out	Lunch In/Out	Time In	Time Out	Total Hrs
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							
Sunday							

First Week Total Hrs_____

BOE Office Use Only

First Week

Reg. Hrs._____

O/T Hrs. _____

SECOND WEEK

Day	Date	Time In	Time Out	Lunch In/Out	Time In	Time Out	Total Hrs
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							
Sunday							

Second Week Total Hrs_____

BOE Office Use Only

Second Week

Reg. Hrs._____

O/T Hrs. _____

THIRD WEEK

Day	Date	Time In	Time Out	Lunch In/Out	Time In	Time Out	Total Hrs
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							
Sunday							

Third Week Total Hrs_____

BOE Office Use Only

Third Week

Reg. Hrs._____

O/T Hrs. _____

FOURTH WEEK

Day	Date	Time In	Time Out	Lunch In/Out	Time In	Time Out	Total Hrs
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							
Sunday							

Fourth Week Total Hrs_____

BOE Office Use Only

Fourth Week

Reg. Hrs._____

O/T Hrs. _____

FIFTH WEEK

Day	Date	Time In	Time Out	Lunch In/Out	Time In	Time Out	Total Hrs
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							
Sunday							

Fifth Week Total Hrs_____

BOE Office Use Only

Fifth Week

Reg. Hrs._____

O/T Hrs. _____

TOTAL HRS_____

The above information is true and correct to the best of my knowledge and accurately reflects the hours I have worked.

_____ _____

Employee's Signature Date

_____ _____

Supervisor's Signature **Date**

Reg. Hrs._____ x Hr. Rate_____ = $_____

O/T Hrs._____ x Hr. Rate_____ = $_____

Total Earnings $_____

Fund Code_____