

NAME OF EMPLOYEE \_\_\_\_\_

Begin Date:

SCHOOL \_\_\_\_\_

End Date:

POSITION \_\_\_\_\_

TYPE OF EMPLOYMENT: (CHECK ONE)

GRADE LEVEL \_\_\_\_\_

HOMEBOUND

HOMEBASED

SOL - TUTORING

SPECIAL ED YES  NO

OTHER

Week 1	Days of Week	Date	In	Out	In	Out	In	Out	ACTUAL HOURS WORKED	APPROVED OVERTIME
	Saturday									
Sunday										
Monday										
Tuesday										
Wednesday										
Thursday										
Friday										
<b>Total Hours:</b>										

Week 2	Days of Week	Date	In	Out	In	Out	In	Out	ACTUAL HOURS WORKED	APPROVED OVERTIME
	Saturday									
Sunday										
Monday										
Tuesday										
Wednesday										
Thursday										
Friday										
<b>Total Hours:</b>										

Week 3	Days of Week	Date	In	Out	In	Out	In	Out	ACTUAL HOURS WORKED	APPROVED OVERTIME
	Saturday									
Sunday										
Monday										
Tuesday										
Wednesday										
Thursday										
Friday										
<b>Total Hours:</b>										

Week 4	Days of Week	Date	In	Out	In	Out	In	Out	ACTUAL HOURS WORKED	APPROVED OVERTIME
	Saturday									
Sunday										
Monday										
Tuesday										
Wednesday										
Thursday										
Friday										
<b>Total Hours:</b>										

**GRAND Total Hours:**

I Certify that this time sheet is a complete and accurate accounting of all time worked for Richmond County Public Schools.

Employee Signature: \_\_\_\_\_

DATE: \_\_\_\_\_

Principal's Signature: \_\_\_\_\_

DATE: \_\_\_\_\_