

TUSCALOOSA CITY BOARD OF EDUCATION

PERSONNEL WORK RECORD TIME SHEET

Employee Name:					Employee Number:		Work Site:
Date	Start Time	Lunch Out	Lunch In	End Time	Total Hours	Notes:	
MONDAY							A) COMPLETE ALL INFORMATION B) Keep a copy for your records C) Submit with all signatures by deadline
TUESDAY							
WEDNESDAY							
THURSDAY							
FRIDAY							
SATURDAY							
SUNDAY							
Total Weekly Hours							
MONDAY							
TUESDAY							
WEDNESDAY							
THURSDAY							
FRIDAY							
SATURDAY							
SUNDAY							
Total Weekly Hours							
MONDAY							
TUESDAY							
WEDNESDAY							
THURSDAY							
FRIDAY							
SATURDAY							
SUNDAY							
Total Weekly Hours							
MONDAY							
TUESDAY							
WEDNESDAY							
THURSDAY							
FRIDAY							
SATURDAY							
SUNDAY							
Total Weekly Hours							
MONDAY							
TUESDAY							
WEDNESDAY							
THURSDAY							
FRIDAY							
SATURDAY							
SUNDAY							
Total Weekly Hours							
MONDAY							
TUESDAY							
WEDNESDAY							
THURSDAY							
FRIDAY							
SATURDAY							
SUNDAY							
Total Weekly Hours							
FUNDING SOURCE CODE:							TOTAL PAY
EMPLOYEE SIGNATURE:					DATE:		THIS PAY PERIOD:
PRINCIPAL/SUPERVISOR SIGNATURE:					DATE:		

WE CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.