DeKalb County Board Of Education

Contract Employee Timesheet

Employee Name: _____ Position: _____ Location: _____

Employee ID#: _____ Pay Period: Rate of Pay: $

Day	Date	Time In	Time Out	Total Hours	Notes (If Applicable)

I certify that the hours shown above are a true account of actual hours worked and are correct. I certify that 100% of the time reported was spent supporting the _____ at _____ School.

Number of Hours/Days_____ x Rate of Pay Per Hour/Day _____ = Total _____

Employee's Signature:_____ Date: _____

Supervisor's Signature:_____ Date:_____

Federal Program Director's Signature _____ Date: _____

Superintendent's Signature:_____ Date:_____

GL Code: _____