

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 using blue ink B) Keep a copy for your records C) Submit ORIGINAL timesheet with all signatures by deadline
TUESDAY							
WEDNESDAY							
THURSDAY							
FRIDAY							
SATURDAY							
SUNDAY							
Total Weekly Hours							Bd Approved: ADJ =
MONDAY							
TUESDAY							
WEDNESDAY							
THURSDAY							
FRIDAY							
SATURDAY							
SUNDAY							
Total Weekly Hours							
MONDAY							
TUESDAY							
WEDNESDAY							
THURSDAY							
FRIDAY							
SATURDAY							
SUNDAY							
Total Weekly Hours							
MONDAY							
TUESDAY							
WEDNESDAY							
THURSDAY							APPROVED BY:
FRIDAY							
SATURDAY							
SUNDAY							
Total Weekly Hours							PAY PERIOD
MONDAY							ENDING DATE:
TUESDAY							TOTAL HRS. WORKED:
WEDNESDAY							
THURSDAY							
FRIDAY							PAY PER HOUR: \$
SATURDAY							
SUNDAY							
Total Weekly Hours							TOTAL PAY
FUNDING SOURCE CODE:					THIS PAY PERIOD:		
EMPLOYEE SIGNATURE:					DATE:		
PRINCIPAL/SUPERVISOR SIGNATURE:					DATE:		

WE CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.

Revised 3/25