

NASH-ROCKY MOUNT SCHOOLS
Employee's Daily and Monthly Time Report
(Please refer to guidelines on the back before completing this report)

Name:

SSN#:

Month/Year:

Primary Position:

Budget Code:

Secondary Position:

Budget Code:

School:

Bal. Brt. Fwd
(Comp. Time)

		Secondary		Primary		Primary		Secondary							
Day of Month	Month/Date	Start	Stop	Start	Stop	Start	Stop	Start	Stop	Holiday Used	A.L. Used	S.L. Used	# Hrs:Min worked	Comp Used	Comp Time
Sun															
Mon															
Tue															
Wed															
Thu															
Fri															
Sat															
		Total Primary Hrs			Total Secondary Hrs				Total						
		Secondary		Primary		Primary		Secondary							
Day of Month	Month/Date	Start	Stop	Start	Stop	Start	Stop	Start	Stop	Holiday Used	A.L. Used	S.L. Used	# Hrs:Min worked	Comp Used	Comp Time
Sun															
Mon															
Tue															
Wed															
Thu															
Fri															
Sat															
		Total Primary Hrs			Total Secondary Hrs				Total						
		Secondary		Primary		Primary		Secondary							
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		Secondary		Primary		Primary		Secondary							
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Sun															
Mon															
Tue															
Wed															
Thu															
Fri															
Sat															
		Total Primary Hrs			Total Secondary Hrs				Total						

Total Annual Leave Days Used:

Total Sick Leave Days Used:

Total Days Without Pay:

I hereby certify that the above report of time is a correct statement and includes total hours worked each workday for the period covered as indicated at the top of the page.

Comp. Time Brought Forward:

Comp Time +:

Comp Time -:

Comp. Time Balance:

I hereby approve this statement of total hours - worked and that the time indicated is correct.

Employee

Date

Principal or Supervisor

Date