



Bamberg County School District

TIMESHEET FOR AFTERSCHOOL

School Name: _____ Program: _____

Employee Name: _____ Supervisor: _____

Position: _____ Pay Period: _____

DATE	TIME IN	TIME OUT	TOTAL HOURS

I certify that the information provided on this timesheet is true, accurate, and complete to the best of my knowledge. I understand that I am responsible for ensuring that all hours worked are reported accurately.

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Payroll Account # _____