

NAME OF EMPLOYEE _____

Begin Date: _____

SCHOOL _____

End Date: _____

POSITION _____

TYPE OF EMPLOYMENT: (CHECK ONE)

GRADE LEVEL _____

HOMEBOUND _____

HOMEBASED _____

SOL - TUTORING _____

SPECIAL ED YES NO

OTHER _____

Week 1	Days of Week	Date	In	Out	In	Out	In	Out	ACTUAL HOURS WORKED	APPROVED OVERTIME
	Saturday									
Sunday										
Monday										
Tuesday										
Wednesday										
Thursday										
Friday										
Total Hours:										

Week 2	Days of Week	Date	In	Out	In	Out	In	Out	ACTUAL HOURS WORKED	APPROVED OVERTIME
	Saturday									
Sunday										
Monday										
Tuesday										
Wednesday										
Thursday										
Friday										
Total Hours:										

Week 3	Days of Week	Date	In	Out	In	Out	In	Out	ACTUAL HOURS WORKED	APPROVED OVERTIME
	Saturday									
Sunday										
Monday										
Tuesday										
Wednesday										
Thursday										
Friday										
Total Hours:										

Week 4	Days of Week	Date	In	Out	In	Out	In	Out	ACTUAL HOURS WORKED	APPROVED OVERTIME
	Saturday									
Sunday										
Monday										
Tuesday										
Wednesday										
Thursday										
Friday										
Total Hours:										

GRAND Total Hours:

I Certify that this time sheet is a complete and accurate accounting of all time worked for Richmond County Public Schools.

Employee Signature: _____

DATE: _____

Principal's Signature: _____

DATE: _____