

McCrary School District
Employee Time Sheet

Name _____

Employee # _____

Explain reason for timesheet: _____

| Date | Time Started | Time Ended | # of Hours Worked |
|------------|--------------|------------|-------------------|
| Mon _____ | _____ | _____ | _____ |
| Tues _____ | _____ | _____ | _____ |
| Wed _____ | _____ | _____ | _____ |
| Thur _____ | _____ | _____ | _____ |
| Fri _____ | _____ | _____ | _____ |
| Mon _____ | _____ | _____ | _____ |
| Tues _____ | _____ | _____ | _____ |
| Wed _____ | _____ | _____ | _____ |
| Thur _____ | _____ | _____ | _____ |
| Fri _____ | _____ | _____ | _____ |
| Mon _____ | _____ | _____ | _____ |
| Tues _____ | _____ | _____ | _____ |
| Wed _____ | _____ | _____ | _____ |
| Thur _____ | _____ | _____ | _____ |
| Fri _____ | _____ | _____ | _____ |
| Mon _____ | _____ | _____ | _____ |
| Tues _____ | _____ | _____ | _____ |
| Wed _____ | _____ | _____ | _____ |
| Thur _____ | _____ | _____ | _____ |
| Fri _____ | _____ | _____ | _____ |

Employee Signature

Principal's Signature

Superintendent's Signature

To be completed by Payroll Office

Job Class _____ Pay Code _____ Budget Unit _____ Account _____

Total # of Hours _____ Rate per Hour _____ Total Amount _____