

Employee Name: \_\_\_\_\_

School/Dept: \_\_\_\_\_

ID# : \_\_\_\_\_

Day of the Week	MM - DD - YY	Description	Start Time	Stop Time	Start Time	Stop Time	TOTAL (Hour/Min.)	Description for Additional Hours Worked
Sun							/	
Mon							/	
Tue							/	
Wed							/	
Thu							/	
Fri							/	
Sat							/	
** Any changes must be initialed by both employee and supervisor.							/	

I hereby certify to the best of my knowledge that this is a true and accurate representation of all hours worked on behalf of the Tucker County Board of Education during the designated work week.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

FINANCE OFFICE USE ONLY

RATE \_\_\_\_\_

RATE \_\_\_\_\_

CODE \_\_\_\_\_

CODE \_\_\_\_\_

Date Paid: \_\_\_\_\_