

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: _____