

Winston County Schools Support Personnel Timesheet

NAME _____

LOCATION _____

MONTH FEB 2016

EMP. # _____

		PRIMARY POSITION				SUBSTITUTE		SECONDARY DUTY		SECONDARY DUTY		Mark Type of Leave if Absent					Hour Total	Hour Total
Date	Day	Time In	Lunch Time Out	Lunch Time In	Time Out		Time In	Time Out	Time In	Time Out	Sick	Per.	Prof/Act	Vac.	Other	for Day	for Week	
1	M																	
2	T																	
3	W																	
4	TH																	
5	F																	
6	S																	
7	S																	
8	M																	
9	T																	
10	W																	
11	TH																	
12	F																	
13	S																	
14	S																	
15	M																	
16	T																	
17	W																	
18	TH																	
19	F																	
20	S																	
21	S																	
22	M																	
23	T																	
24	W																	
25	TH																	
26	F																	
27	S																	
28	S																	
29	M																	

I certify that the above dates and times are a true and accurate record of my attendance at work for the indicated pay period.

- * Overtime must be approved in advance by the Superintendent (except for emergencies)
- * Comp time must be used within the pay period immediately following the pay period in which it is earned.
- * If you are to be paid for driving a field trip, please notify your local school bookkeeper so the school will send a check to payroll for payment to you.

TOTAL HOURS

Employee Signature

DATE

Supervisor Signature

DATE