


Winston County Schools Support Personnel Timesheet

NAME _____

LOCATION _____

MONTH Nov 2015

EMP. # _____

Date	Day	PRIMARY POSITION _____				SUBSTITUTE	SECONDARY DUTY		SECONDARY DUTY		Mark Type of Leave if Absent					Hour Total for Day	Hour Total for Week					
		Time In	Lunch Time Out	Lunch Time In	Time Out		JOB TYPE	Time In	Time Out	JOB TYPE	Time In	Time Out	Sick	Per.	Prof/Act			Vac.	Other			
1	S																					
2	M																					
3	T																					
4	W																					
5	TH																					
6	F																					
7	S																					
8	S																					
9	M																					
10	T																					
11	W	VETERANS DAY - NO SCHOOL																				
12	TH																					
13	F																					
14	S																					
15	S																					
16	M																					
17	T																					
18	W																					
19	TH																					
20	F																					
21	S																					
22	S																					
23	M	THANKSGIVING BREAK																				
24	T																					
25	W																					
26	TH																					
27	F																					
28	S																					
29	S																					
30	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