

**EMPLOYEE NAME:** \_\_\_\_\_

**PERIOD COVERED: MONTH** \_\_\_\_\_

**POSITION/TITLE:** \_\_\_\_\_

**SCHOOL SITE:** \_\_\_\_\_

**DAYS OF THE MONTH**

Position																									
Daily Hours Total																									

Certification: I certify that the information recorded on this report is true and correct to the best of my knowledge.

Signature of Employee: \_\_\_\_\_

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

Signature of Supervisor: \_\_\_\_\_

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

**Instructions:**

1. Document each workday.
2. In the Days of the Month columns, enter the actual hours worked.
3. The total hours must equal your total work hours for the workday.
4. Certificated Subs, please indicate am, pm or full day sub.
5. Sign, date, and submit according to the Time Sheet Schedule.