

Franklin County School System
Employee Timesheet

20-Day Time Sheet					
Work Week Beginning: _____		Ending: _____			
Name:	_____				
Last 4 SSN	_____				
School:	_____				
Fund Code: 100-0-1100-1000-110-3050 Pay Rate: \$150.00 per day					
Record all time using 24 hour military time i.e 3:00 P.M as 1500					
<u>Date</u>	<u>Day</u>	<u>Start/Time In</u>	<u>Finish time out</u>	<u>Total Hours worked</u>	<u>Total Paid Days</u>
TOTAL THIS WEEK				0	0
I hereby certify the above is a true statement of time which I worked during the week stated above.					
Employee Signature					
I have reviewed the above statement of time worked and certify that is is correct as shown.					
Supervisors Signature					
I hereby approve this statement of time worked					
Principal/Administrators Signature					