

**Franklin County School System**  
**Classified Employee Weekly Timesheet**

Employee Name: \_\_\_\_\_

Job Location: \_\_\_\_\_

Lunch						
Week Days	Date	Start Time	Time Out	Time In	End Time	Total Hours Worked
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Sunday						
Total Weekly Hours:						

I hereby verify by signing this document that this timesheet reflects all time worked for Franklin County Schools whether in the office, at home, or elsewhere and it is a true statement of the time which I worked during the week stated above.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

I have reviewed the above statement of time worked and verify that it is correct as shown.

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date