

ALLEGHANY COUNTY PUBLIC SCHOOLS

WEEKLY TIME SHEET

EMPLOYEE'S NAME (PRINT): _____

SCHOOL: _____

MONTH/YEAR: _____

WEEK BEGINNING: _____

WEEK ENDING: _____

WEEK DAY	DATE	WORK TYPE	MORNING		AFTERNOON		EVENING		TOTAL	
			Time In Hour-Minute	Time Out Hour-Minute	Time In Hour-Minute	Time Out Hour-Minute	Time In Hour-Minute	Time Out Hour-Minute	ACTUAL WORKED	LEAVE HOURS
SUNDAY		Contracted								
		Assigned								
MONDAY		Contracted								
		Assigned								
TUESDAY		Contracted								
		Assigned								
WEDNESDAY		Contracted								
		Assigned								
THURSDAY		Contracted								
		Assigned								
FRIDAY		Contracted								
		Assigned								
SATURDAY		Contracted								
		Assigned								
TOTAL CONTRACTED										
TOTAL ASSIGNED										
GRAND TOTAL										

EMPLOYEE'S SIGNATURE: _____

SUPERVISOR'S SIGNATURE: _____

OVERTIME APPROVAL: _____

NOTES:

