CLARKSVILLE-MONTGOMERY COUNTY SCHOOLS TWO WEEK TIMESHEET - SUPPORT STAFF

ID NO. = NAME = LOCATION = SUPERVISOR = ASSIGNMENT =		= = =								PAYROLL NO. PAYROLL BEGINNING PAYROLL ENDING HOURS IN DAY					
								WORK HOURS			LEAVE TAKEN HOURS				
DAY	DATE	IN	OUT	IN	OUT	IN	OUT	REGULAR	ADDITIONAL	TOTAL	ANNUAL	PERSONAL	SICK	HOLIDAY	COMP
SUN															
MON															
TUE															
WED															
THU															
FRI															
SAT															
							TOTALS								
											•				
					•	_	WORK HOURS			LEAVE TAKEN HOURS					
DAY	DATE	IN	OUT	IN	OUT	IN	OUT	REGULAR	ADDITIONAL	TOTAL	ANNUAL	PERSONAL	SICK	HOLIDAY	COMP
SUN							<u> </u>								
MON							1								
TUE							<u> </u>								
WED															
THU															
FRI															
SAT															
							TOTALS								
,	ALL HOUR	S WORKED	MUST BE	REPORTE	D]									
			HEDULE MUST		ROVED BY YOU	JR SUPERVISO	OR AND SUPPO	RTING DOCU	MENTATION						
I CERTIFY THAT THE ABOVE TIMESHEET REFLECTS ALL HOURS										FOR P	AYROLL US	E ONLY			
WORKED FOR THE CLARKSVILLE-MONTGOMERY COUNTY										ANNUAL	PERSONAL	SICK	HOLIDAY	COMP	

Leave Totals

Hours Paid
Comp Time ST
Comp Time 1.5

Overtime ST
Overtime 1.5

WEEK 1

WEEK 2

Period Total

8/18/15, Rev. C PAY-F001

SCHOOL SYSTEM.

EMPLOYEE SIGNATURE

SUPERVISOR SIGNATURE