**CARTER COUNTY SCHOOLS**

**TIMESHEET – AFTER SCHOOL HOMEBOUND**

EMPLOYEE: _____ (PRINT NAME)

SCHOOL: _____

PAY PERIOD BEGINNING DATE: _____ ENDING DATE: _____

| DATE | STUDENT NAME | TIME BEGINNING | TIME ENDING | HOURS |
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SIGNED: _____ DATE: _____

APPROVED: _____ DATE: _____
*Principal*

APPROVED: _____ DATE: _____
*Director of Pupil Personnel*

## PLEASE READ – IMPORTANT

**TIME SHEETS MUST BE TURNED IN TO YOUR SCHOOL SECRETARY ON THE 15TH AND LAST DAY OF EACH CALENDAR MONTH. TIME SHEETS TURNED IN FOR PAST DUE PAY PERIODS WILL NOT BE ACCEPTED. FAXED TIME SHEETS WILL NOT BE ACCEPTED.**

Payroll: 0002118 0113 473GL