

**CARTER COUNTY SCHOOL**

**CLASSIFIED EMPLOYEE**

TIME SHEET

EMPLOYEE NAME: \_\_\_\_\_

SCHOOL: \_\_\_\_\_

POSITION: \_\_\_\_\_

PAY PERIOD: \_\_\_\_\_

DAY	Date	On	Off	On	Off	On	Off	Total Hours
Sunday								
Monday								
Tuesday								
Wednesday								
Thursday								
Friday								
Saturday								
Total Hours for the Week								

DAY	Date	On	Off	On	Off	On	Off	Total Hours
Sunday								
Monday								
Tuesday								
Wednesday								
Thursday								
Friday								
Saturday								
Total Hours for the Week								

DAY	Date	On	Off	On	Off	On	Off	Total Hours
Sunday								
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DAY	Date	On	Off	On	Off	On	Off	Total Hours
Sunday								
Monday								
Tuesday								
Wednesday								
Thursday								
Friday								
Saturday								
Total Hours for the Week								

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_