

**Dawson Springs Independent School
 118 E. Arcadia Avenue
 Dawson Springs, KY 42408
 (270) 797-3811**

**Classified
 Monthly Time Sheet**

 month/year

Employee Name: _____

Title: _____

Please supply the appropriate reason for each day not worked using the following codes:

**(S) - Sick Day (X) - Personal Day (H) - Holiday (P) - Professional Day (J) - Jury Duty
 (O) - Scheduled Day Off (V) - Vacation Day**

****Attach a record of leave report to this form for all days coded S, X, P & V.****

DATE	TIME IN	TIME OUT		TIME IN	TIME OUT	TOTAL HOURS	DAY CODE
1							
2			L				
3			U				
4			N				
5			C				
6			H				
7							
8							
9							
10			L				
11			U				
12			N				
13			C				
14			H				
15							

CONTINUED ON BACK

DATE	TIME IN	TIME OUT		TIME IN	TIME OUT	TOTAL HOURS	DAY CODE
16							
17			L				
18			U				
19			N				
20			C				
21			H				
22							
23							
24							
25							
26			L				
27			U				
28			N				
29			C				
30			H				
31							

Revised 7/2014

Total Hours for Month _____

This document will remain in the Central Office as a record of your work schedule. This form must be signed and turned in to your immediate supervisor by the next work day following the end of each month. Please attach a record of leave report with this form for any day not regularly worked.

Employee's Signature

Date

Supervisor's Signature

Date