PERRY COUNTY SCHOOLS TIME SHEET for CERTIFIED EMPLOYEES

													E.S.S					
Name	SS#						SCHOOL		Position				Employee #					
Address:								Phone:										
Holidays, Eme Unleave Sick I	-		•		•		•		,				•			ys mis	sed)	
Vacation Days personnel. (I May Approve	Under extr	eme circ	umstance	s and if a	II Sick Lea													
Pay Period																		
			WEEK (ONE								WEEK	TWO					
	me	Time		(-)	Hrs. Employee				Ti	Time Time		me	(-)	Hrs.	Employee			
Day of Week	Date	In	Out	In	Out	Lunch		Initials	Day of Week	Date	In	Out	In	Out	Lunch	Wkd.	Initials	
Sunday									Sunday									
Monday									Monday									
Tuesday									Tuesday									
Wednesday									Wednesday									
Thursday									Thursday									
Friday						<u> </u>			Friday									
Saturday									Saturday									
I affirm that the information contained on this time sheet is true and accurate.							,	worked d	be best of my knowledge this time record is a true and accurate statement of hours ed during this time period. I approve or recommend approval for all vacation days shown.									
Employee/Date:							Supervisor/Date:				Principal/Date:							
			PAY	ROLL	USE C	ONLY	' P	ay fron	n account			0113-	1202					
WEEK 1								WEEK 2	2									
Reg. Hrs @ \$20 = \$							Reg. Hrs @ \$20				= \$				TOTAL GROSS PAY			
								-						\$				
																	I	