

TATE COUNTY SCHOOL DISTRICT
Weekly Time Sheet

Employee Name: _____
 Employee SSN: _____
 Job Title _____
 School _____

Date	Time In	Time Out	Time In	Time Out	Time In	Time Out	Total Hours
Total Hours							

 Employee Signature Date Signed

 Signature of Principal, Director, Supervisor, Manager Date Signed

Regular Hours _____ (Not over 40 per week)
 Overtime Hours _____ (Any Hours over 40 per week)
 Total Hours _____ (Must Agree With Total Hours Above)