

Preston County Schools
TIME MUST BE RECORDED DAILY
 200+ Days Employee
 Labor Sheet

Employee: _____ Location: _____

Employee ID #: 970 - 00 - _____ Position: _____

Pay Period
 From: _____ To: _____

1 st Week					2 nd Week				
Day/Date		Lunch		Total Hours	Day/Date		Lunch		Total Hours
SUN	Begin			XXXXX	SUN	Begin			XXXXX
	Stop	XXXXXX				Stop	XXXXXX		
MON	Begin			XXXXX	MON	Begin			XXXXX
	Stop	XXXXXX				Stop	XXXXXX		
TUE	Begin			XXXXX	TUE	Begin			XXXXX
	Stop	XXXXXX				Stop	XXXXXX		
WED	Begin			XXXXX	WED	Begin			XXXXX
	Stop	XXXXXX				Stop	XXXXXX		
THUR	Begin			XXXXX	THUR	Begin			XXXXX
	Stop	XXXXXX				Stop	XXXXXX		
FRI	Begin			XXXXX	FRI	Begin			XXXXX
	Stop	XXXXXX				Stop	XXXXXX		
SAT	Begin			XXXXX	SAT	Begin			XXXXX
	Stop	XXXXXX				Stop	XXXXXX		

TOTAL DAYS WORKED THIS PAY PERIOD _____

CUMULATIVE DAYS WORKED _____ (At end of year must equal contract.)

CUMULATIVE UNPAID DAYS USED _____

ANY OVERTIME MUST HAVE PRIOR APPROVAL OF SUPERINTENDENT OR DESIGNEE.

hereby certify that the hours as listed above are a true and accurate report of the time worked during the period designated.

EMPLOYEE: _____ APPROVED: _____
 Signature Date Signature Date