

CLARKSVILLE-MONTGOMERY COUNTY SCHOOLS
TWO WEEK TIMESHEET - SUPPORT STAFF

ID NO. =
NAME =
LOCATION =
SUPERVISOR =
ASSIGNMENT =

PAYROLL NO. = 03
PAYROLL BEGINNING =
PAYROLL ENDING =
HOURS IN DAY =

DAY	DATE	IN	OUT	IN	OUT	IN	OUT	WORK HOURS			LEAVE TAKEN HOURS					
								REGULAR	ADDITIONAL	TOTAL	ANNUAL	PERSONAL	SICK	HOLIDAY	COMP	
SUN																
MON																
TUE																
WED																
THU																
FRI																
SAT																
Totals																

DAY	DATE	IN	OUT	IN	OUT	IN	OUT	WORK HOURS			LEAVE TAKEN HOURS					
								REGULAR	ADDITIONAL	TOTAL	ANNUAL	PERSONAL	SICK	HOLIDAY	COMP	
SUN																
MON																
TUE																
WED																
THU																
FRI																
SAT																
Totals																

ALL HOURS WORKED
MUST BE REPORTED

DEVIATIONS FROM YOUR ASSIGNED SCHEDULE
MUST BE PRE-APPROVED BY YOUR SUPERVISOR
AND SUPPORTING DOCUMENTATION ATTACHED
(OVERTIME/COMP TIME AUTHORIZATION)

**I CERTIFY THAT THE ABOVE TIME SHEET
REFLECTS ALL HOURS WORKED FOR THE
CLARKSVILLE MONTGOMERY COUNTY
SCHOOL SYSTEM.**

EMPLOYEE SIGNATURE

SUPERVISOR SIGNATURE

FOR PAYROLL USE ONLY					
	ANNUAL	PERSONAL	SICK	HOLIDAY	COMP
Leave Totals					
	WEEK 1	WEEK 2	PERIOD TOTAL		
Hours Paid					
Comp Time ST					
Comp Time 1.5					
Overtime ST					
Overtime 1.5					