

McCRACKEN COUNTY BOARD OF EDUCATION TIME SHEET

NAME _____ EMP. NO. _____

ADDRESS _____

SCHOOL _____

ORG CODE _____ OBJ CODE _____ PROJECT CODE _____

PAY PERIOD BEGINNING _____ PAY PERIOD ENDING _____

DATE	IN	OUT	HRS
TOTAL HRS			

DATE	IN	OUT	HRS
TOTAL HRS			

DATE	IN	OUT	HRS
TOTAL HRS			

DATE	IN	OUT	HRS
TOTAL HRS			

DATE	IN	OUT	HRS
TOTAL HRS			

NOTE:
TO BE FILLED OUT BY ALL
EMPLOYEES PERFORMING
EXTRA OR PART TIME SERVICE.

SIGNATURE OF EMPLOYEE

PRINCIPAL/SUPERVISOR

PAYROLL DEPT USE ONLY	
TOT HRS	_____
HR RATE	_____
REVISED 7-96	