

BEDFORD COUNTY PUBLIC SCHOOLS TIME SHEET

NON EXEMPT EMPLOYEES

Hourly _____ PER DIEM _____

Sub Teach _____

Nurse _____

Sped Aide _____

Instructional Aide _____

Remedial Aide _____

Clerical _____

Custodian/Maintenance _____

Work Study _____

Other _____ School Nutrition _____

EMPLOYEE NAME _____

ID # Required _____

Location _____

Pay Period MONTH _____ (Circle one) 1st - 15th 16th - End of Month

BUDGET CODE _____

WEEK OF	V=Vacation	S=Sick	P=Personal	H=Holiday	SD=Snow Day	SUPERVISOR USE ONLY								
						SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	TOTAL HOURS Regular	Overtime
IN														
	OUT													
TOTAL HOURS														
IN														
	OUT													
TOTAL HOURS														
IN														
	OUT													
TOTAL HOURS														

PAYROLL USE ONLY
TOTAL HOURS
REGULAR
OVERTIME

Complete this form in duplicate. Send one copy to the payroll office and file one copy at the school. A form MUST BE completed for EACH non-exempt employee.

The employee's signature is verification that you have recorded ALL time worked and worked all time recorded.

Employee's Signature _____ Date _____

Principal's / Supervisor's Signature _____ Date _____