

## Emanuel County Schools Hourly Time Sheet

This form must be completed and returned to the Central Office Payroll Dept. by the 15th of each month before payment can be made.

Position Worked \_\_\_\_\_ Employee Name \_\_\_\_\_

Date	A.M.		P.M.		Hours	Employee's Initials
	In	Out	In	Out		
Total Hours						

Date \_\_\_\_\_ Employee's Signature \_\_\_\_\_  
Supervisor's Signature \_\_\_\_\_

Date \_\_\_\_\_ Director's Signature \_\_\_\_\_

Funding Source \_\_\_\_\_