

PENDLETON COUNTY SCHOOLS
TIME SHEET

S.S.#: _____

Employee's Name: _____

Assignment: _____

Month: _____

Year: _____

Day	Date	Hours Worked	Explanation of Leave*
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			

Total for Week _____

Monday			
Tuesday			
Wednesday			
Thursday			
Friday			

Total for Week _____

Monday			
Tuesday			
Wednesday			
Thursday			
Friday			

Total for Week _____

Monday			
Tuesday			
Wednesday			
Thursday			
Friday			

Total for Week _____

Monday			
Tuesday			
Wednesday			
Thursday			
Friday			

*i.e., Sick Leave, Personal Leave,
Vacation, Professional Leave, Without
Pay, Other

Total for Week _____

Total for Month _____

Employee Signature

Approved by Supervisor