

**BARBOUR COUNTY BOARD OF EDUCATION  
SERVICE PERSONNEL TIMESHEET**

EMPLOYEE NAME: \_\_\_\_\_ ID NUMBER: \_\_\_\_\_ LOCATION: \_\_\_\_\_

DATE	DAY OF WEEK	FIRST SHIFT		SECOND SHIFT		EXTRA CURRICULAR EXTRA DUTY		OTHER			TOTAL HRS WORKED
		WORK TIMES	HR/MIN	WORK TIMES	HR/MIN	WORK TIMES	HR/MIN	WORK TIMES	HR/MIN	REASON	
	MONDAY	Start _____ End _____		Start _____ End _____		Start _____ End _____		Start _____ End _____			
	TUESDAY	Start _____ End _____		Start _____ End _____		Start _____ End _____		Start _____ End _____			
	WEDNESDAY	Start _____ End _____		Start _____ End _____		Start _____ End _____		Start _____ End _____			
	THURSDAY	Start _____ End _____		Start _____ End _____		Start _____ End _____		Start _____ End _____			
	FRIDAY	Start _____ End _____		Start _____ End _____		Start _____ End _____		Start _____ End _____			
	SATURDAY	Start _____ End _____		Start _____ End _____		Start _____ End _____		Start _____ End _____			
	SUNDAY	Start _____ End _____		Start _____ End _____		Start _____ End _____		Start _____ End _____			
	<b>TOTAL</b>										

I hereby certify that this is a true and accurate representation of all hours worked on behalf of the Barbour County Board of Education. All overtime MUST be approved in advance in writing by the immediate supervisor.

EMPLOYEE SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

SUPERVISOR SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

APPROVED LEAVE CODES		
<b>SL</b> Sick Leave	<b>J</b> Jury Duty	<b>X</b> Out of contract
<b>ET</b> Educational Trip	<b>MD</b> Military Duty	<b>VAC</b> Vacation
<b>NC</b> No Cause	<b>H</b> Holiday	<b>A</b> Absent w/o pay
	<b>OS</b> Out-of-School	<b>WC</b> Workers Comp

FOR PAYROLL DEPARTMENT USE ONLY			
REG HRS/MIN WORKED	_____	@	_____ = _____
EXTRA DUTY/CURR WORKED	_____	@	_____ = _____
OTHER	_____	@	_____ = _____
TOTAL	_____	÷	_____ = _____

ACCOUNT CODE: \_\_\_\_\_