

TAZEWELL COUNTY PUBLIC SCHOOLS
209 W. FINCASTLE TURNPIKE
P.O. BOX 927
TAZEWELL, VIRGINIA 24651

The following information is based on actual time worked as indicated below:

SCHOOL: _____ DATE: _____ 20_____

Week Day	Date	Time On	Time Off	Time On	Time Off	Time On	Time Off	Time On	Time Off	Hours
SUN										
MON										
TUE										
WED										
THUR										
FRI										
SAT										

SUN										
MON										
TUE										
WED										
THUR										
FRI										
SAT										

SUN										
MON										
TUE										
WED										
THUR										
FRI										
SAT										

THIS IS TO CERTIFY THAT THE ABOVE HOURS ARE CORRECT. **TOTAL HOURS** _____

Reg. Hrs. _____ Overtime Hrs. _____

 Supervisor's Signature

 Principal's Signature

 Employee's Signature

Position (Check One)
 _____ Aide _____ Driver
 _____ Sec'y _____ Cafeteria
 _____ Maint. _____ Custodian
 _____ Mech. _____ Other (Explain):

 Employee's Address

Social Security No. _____-_____-_____

***EXTRA WORK:** Please indicate on the timesheet and designate the approximate column any extra services performed by an employee that must receive compensation in addition to his/her regular contracted pay, and identify as such.