KING WILLIAM COUNTY PUBLIC SCHOOLS TIME SHEET A

Please place an X in the appropriate box:
☐ **PALS** ☐ **RASP** ☐**Custodian** ☐**ISAEP** ☐ **Special Project Participant**
☐ **Part-Time Staff** ☐ **ESY (Extended School Year)**

Name: _____ **School (if applicable):**_____

Month: _____ **Year:** _____ **Hourly Wage:** _____

Write the date in the top left corner of each appropriate block and write the **time frame worked each day** in the block (**ex. 3:30 pm-5:30 pm**.). Write the total hours worked each week and for the month where indicated. Forms must be submitted to the School Board Office by the 16th of each month. **Time sheets received after the 16th will be processed the following month.**

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	TOTAL HOURS
					TOTAL HOURS

Employee Signature: _____ **Date:** _____

***I certify that the above is true and accurate to the best of my knowledge.**

Supervisor Signature: _____ **Date:** _____

July 2016