

THOMASVILLE CITY SCHOOLS

Monthly Time Sheet

File with Payroll & Benefits Coordinator on the **10th** of each month.

Employee's Name: _____ SSN: _____

Home Address: _____

City, State, Zip: _____

MONTH:						MONTH:					
	Hours Worked		Total # of Hrs.		Hours Worked		Total # of Hrs.		Hours Worked		Total # of Hrs.
	From	To			From	To			From	To	
11th				21st				1st			
12th				22nd				2nd			
13th				23rd				3rd			
14th				24th				4th			
15th				25th				5th			
16th				26th				6th			
17th				27th				7th			
18th				28th				8th			
19th				29th				9th			
20th				30th				10th			
				31st							

For Central Office Use:	TOTAL HOURS:	
	RATE PER HOUR:	
	TOTAL TO BE PAID:	
	PAID WITH PAYROLL DATED:	

Reason for Time Worked: _____

Account Number: _____

I certify that this is correct.

Employee Signature: _____

Supervisor Signature: _____

Date: _____