

Johnson City Schools Bi-Weekly Time Sheet for Classified Personnel

Name (please print) _____ Time Sheet for the 2 Week Period Ending _____

School or Work Location _____ Position _____

***** THIS IS AN OFFICIAL RECORD AND MUST ACCURATELY REFLECT THE HOURS YOU WORK.
RECORD THE EXACT TIME OF YOUR ARRIVAL AND DEPARTURE EACH DAY. *****

Day of Week	Date	Time In	Time Out	Hours Worked	Sick	Vacation	Other	Over-Time	Holiday	Total
Friday										
Saturday										
Sunday										
Monday										
Tuesday										
Wednesday										
Thursday										
Friday										
Saturday										
Sunday										
Monday										
Tuesday										
Wednesday										
Thursday										
Total Hours	/	/	/							

Signature of Employee

Date

Signature of Supervisor

Date