

Week 1			Morning		Afternoon		Other		Total Hours Per Day
	Day of Week	Date	In	Out	In	Out	In	Out	
	Saturday								
	Sunday								
	Monday								
	Tuesday								
	Wednesday								
	Thursday								
	Friday								
							Total Hours: _____		
Week 2			Morning		Afternoon		Other		Total Hours Per Day
	Day of Week	Date	In	Out	In	Out	In	Out	
	Saturday								
	Sunday								
	Monday								
	Tuesday								
	Wednesday								
	Thursday								
	Friday								
							Total Hours: _____		
Week 3			Morning		Afternoon		Other		Total Hours Per Day
	Day of Week	Date	In	Out	In	Out	In	Out	
	Saturday								
	Sunday								
	Monday								
	Tuesday								
	Wednesday								
	Thursday								
	Friday								
							Total Hours: _____		
Week 4			Morning		Afternoon		Other		Total Hours Per Day
	Day of Week	Date	In	Out	In	Out	In	Out	
	Saturday								
	Sunday								
	Monday								
	Tuesday								
	Wednesday								
	Thursday								
	Friday								
							Total Hours: _____		

OVERTIME HOURS _____ TOTAL HOURS _____

Name of Employee: _____ Position: _____ Work Site: _____
(RCE, SBO, BUS)

I certify that this time sheet is a complete and accurate accounting of all time worked for Richmond County Public Schools.

Employee Signature: _____ Begin Date: _____ End Date: _____