

**CLASSIFIED EMPLOYEES
HARLAN COUNTY BOARD OF EDUCATION
CLASSIFIED EMPLOYEE TIME SHEET**

EMPLOYEE NAME _____
 ADDRESS _____
 TITLE _____ WORK PERIOD _____
 LOCATION _____ PAY PERIOD _____
 DEPARTMENT _____ EMPLOYEE I.D. # _____

WEEK 1						
DAY OF WEEK	TIME BEGIN WORK	TIME ENDING WORK	TIME BEGIN LUNCH	TIME ENDING LUNCH	TOTAL HOURS WORKED	OVERTIME HOURS WORKED
SUN						
MON						
TUE						
WED						
THU						
FRI						
SAT						
TOTALS						

WEEK 2						
DAY OF WEEK	TIME BEGIN WORK	TIME ENDING WORK	TIME BEGIN LUNCH	TIME ENDING LUNCH	TOTAL HOURS WORKED	OVERTIME HOURS WORKED
SUN						
MON						
TUE						
WED						
THU						
FRI						
SAT						
TOTALS						

WEEK 3						
DAY OF WEEK	TIME BEGIN WORK	TIME ENDING WORK	TIME BEGIN LUNCH	TIME ENDING LUNCH	TOTAL HOURS WORKED	OVERTIME HOURS WORKED
SUN						
MON						
TUE						
WED						
THU						
FRI						
SAT						
TOTALS						

I hereby acknowledge that all statements made and attached are true to the best of my knowledge. I understand any falsification maybe grounds for disciplinary action or dismissal. The employee and supervisor certify that they have examined the record of time worked and it is correct.

Signature of Employee

Signature of Supervisor

ALL OVERTIME MUST BE PRE-APPROVED BY SUPERINTENDENT OR DESIGNEE

Superintendent or Designee's Signature

Date Pre-Approved