

East Baton Rouge Parish School System

WEEKLY TIME SHEET

Week of: \_\_\_\_\_  
Beginning Date

To: \_\_\_\_\_  
Ending Date

NOTE: This form must be turned into the proper authority before payment can be made.

DAY	A.M.		P.M.		Total Hours
	IN	OUT	IN	OUT	
SUNDAY					
MONDAY					
TUESDAY					
WEDNESDAY					
THURSDAY					
FRIDAY					
SATURDAY					
WEEKLY TOTAL					

I certify that the above is a true and accurate record of my working time for the period mentioned above, and that I have not performed any work whatsoever during any hours not indicated above, as working time.

\_\_\_\_\_  
Employee Name (Please Print)

\_\_\_\_\_  
Employee I.D. Number

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Employee's Principal

\_\_\_\_\_  
Date