|  |
| --- |
| TimeSheetWeek Of: [Start Date] — [End Date] |
| Scotland County Schools |  |
| Employee name:  | Title: [Your Title] |
| Employee number: [Your Employee Number] |   |
| School or location: [Department name] | Supervisor: [Supervisor name] |
|  |
| Date | Start Time | End Time | Regular Hours |  | Total Hours |
| [Pick the date] |  |  |  |  |  |
| [Pick the date] |  |  |  |  |  |
| [Pick the date] |  |  |  |  |  |
| [Pick the date] |  |  |  |  |  |
| [Pick the date] |  |  |  |  |  |
| [Pick the date] |  |  |  |  |  |
| [Pick the date] |  |  |  |  |  |
| Weekly Totals: |  |  |  |
|  |
| Employee signature: | Date: [Pick The date] |
| Supervisor signature: | Date: [pick the date] |