

Talbot County Public Schools Contractual Time Sheet

Month: _____

Period Dates: From: _____ To: _____

Name: _____

Address: _____

Federal ID # - _____

Coordinator: _____

Instructions: Log each days hours in the appropriate box below.

Day of Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	
Day of Month	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

Total Hours for period 1-15: _____

Total Hours for period 16-31: _____

Signature: _____

Coordinator's Signature: _____
(required for approval)

Note: Hours incurred from the first day of the month to the 15th, will be paid on the last work day of the month.
 Hours incurred from the 16th of the month to the last work day of the month, will be paid on the 15th of the following month.

This timesheet must be sent to the Coordinator for approval prior to payment.
 This timesheet must be received by the finance office no later than 5 days after the close of the period
 in order to process the payment as indicated above.

For Coordinator

Rate of Pay: _____ Total Wages this Period: _____ Purchase Order # _____

Account Number: _____