

<b>TALBOT COUNTY PUBLIC SCHOOLS</b>	<b>EMPLOYEE TIME SHEET</b>
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**NOTE: FAILURE TO COMPLETE ALL SECTIONS OF THIS FORM MAY RESULT IN DELAYED PAYMENT.**

For the Month of \_\_\_\_\_ and Period of \_\_\_\_\_ to \_\_\_\_\_  
(1<sup>st</sup> - 15<sup>th</sup> or 16<sup>th</sup> - end of month)

Name: \_\_\_\_\_

ID Number: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Coordinator: \_\_\_\_\_

Day of Month	Hours Worked

Day of Month	Hours Worked
<b>Total Hours:</b>	

Employee Signature Required: \_\_\_\_\_ School: \_\_\_\_\_

*For Accounting/Supervisor/Coordinator Use Only*

Hourly Wage: \_\_\_\_\_

Account Number: \_\_\_\_\_  
(Must include all 16 digits)

Supervisor Approval: \_\_\_\_\_

Coordinator Approval: \_\_\_\_\_

**This form must be submitted for Supervisor Approval no later than two calendar days after the end of the pay period.**