



Carroll County School System Time Sheet



School/Department: _____

Employee Name: _____

| Date | Day | Total Hours | Description |
|--------------|-----------|-------------|-------------|
| | Monday | | |
| | Tuesday | | |
| | Wednesday | | |
| | Thursday | | |
| | Friday | | |
| | Saturday | | |
| | Sunday | | |
| Total | | | |

| | | | |
|--------------|-----------|--|--|
| | Monday | | |
| | Tuesday | | |
| | Wednesday | | |
| | Thursday | | |
| | Friday | | |
| | Saturday | | |
| | Sunday | | |
| Total | | | |

Total Time:

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____