

HAMPSHIRE COUNTY BOARD OF EDUCATION  
SERVICE PERSONNEL TIME SHEET

EMPLOYEE NAME: \_\_\_\_\_ EMPLOYEE ID: \_\_\_\_\_

Month: \_\_\_\_\_ Year: \_\_\_\_\_

	Date	Time In	Lunch Break	Time Out	Actual Hours Worked	Leave Code	OFFICE USE ONLY
Sunday							
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							
<b>Total</b>							

	Date	Time In	Lunch Break	Time Out	Actual Hours Worked	Leave Code	OFFICE USE ONLY
Sunday							
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							
<b>Total</b>							

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Monday							
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Wednesday							
Thursday							
Friday							
Saturday							
<b>Total</b>							

Office Use Only

\*\*Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\* The signature of the Employee on this time sheet certifies that his/her documentation of hours worked is a true and accurate statement of time worked.