

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							
Total							

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

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Thursday							
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Total							

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Sunday							
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							
Total							

Office Use Only

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

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

Account Code: \_\_\_\_\_

\*\* 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.