

Calhoun County Schools Time Sheet

When absent you MUST list your substitute, mark appropriate leave, and submit a signed leave form.

Employee _____

Pay Period _____

Employee Number _____

Check One Below:

- Regular Driver ()
- Substitute Driver ()
- Aide ()
- Substitute Aide ()
- Career Tech ()
- Gifted ()

All drivers are paid 10 minutes for pre trip inspection per route.

Please check one S=Sick P=Personal U=Unpaid

Wk 1 Morning									Afternoon			Name of Sub/Sub For			Comments
Day	Date	A.M.	A.M.	Total	P.M.	P.M.	Total	Daily total	First	Last	S	P	U		
Mon															
Tue															
Wed															
Thur															
Fri															

Wk 2 Morning									Afternoon			Name of Sub/Sub For			Comments
Day	Date	A.M.	A.M.	Total	P.M.	P.M.	Total	Daily total	First	Last	S	P	U		
Mon															
Tue															
Wed															
Thur															
Fri															

Wk 3 Morning									Afternoon			Name of Sub/Sub For			Comments
Day	Date	A.M.	A.M.	Total	P.M.	P.M.	Total	Daily total	First	Last	S	P	U		
Mon															
Tue															
Wed															
Thur															
Fri															

Wk 4 Morning									Afternoon			Name of Sub/Sub For			Comments
Day	Date	A.M.	A.M.	Total	P.M.	P.M.	Total	Daily total	First	Last	S	P	U		
Mon															
Tue															
Wed															
Thur															
Fri															

Wk 5 Morning									Afternoon			Name of Sub/Sub For			Comments
Day	Date	A.M.	A.M.	Total	P.M.	P.M.	Total	Daily total	First	Last	S	P	U		
Mon															
Tue															
Wed															
Thur															
Fri															

Week	1	2	3	4	5	Pay	Period
Hours						Total	

Employee Signature _____

Supervisor Signature _____

