

# Time Sheet

## Dickson County Board of Education

Street Address: 817 N. Charlotte St. Name: \_\_\_\_\_  
 City, ST ZIP: Dickson, TN 37055 Position: \_\_\_\_\_  
 Phone: (615) 446-7571 School: \_\_\_\_\_  
 Fax: (615) 441-1375 Month/Year: \_\_\_\_\_

Day	Time-In/Time-Out	Total
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
<b>Total hours</b>		

Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
<b>Total hours</b>		

Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
<b>Total hours</b>		

Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
<b>Total hours</b>		

Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
<b>Total hours</b>		

We the undersigned hereby certify that this form is true and correct.

\_\_\_\_\_  
Employee signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Manager signature

\_\_\_\_\_  
Date

Please submit a time sheet for each employee to the superintendent's office upon receipt of check.