

FRANKLIN CITY SCHOOLS

CLASSIFIED TIME SHEET

Employee Legal Name (Printed)

Pay Date (filled out by Payroll)

Position

Building or Department

Day	Date	Contracted Hours	Extra Hours	Dock Hours	Notes
Sun					
Mon					
Tues					
Wed					
Thu					
Fri					
Sat					
Total Hours					

Day	Date	Contracted Hours	Extra Hours	Dock Hours	Notes
Sun					
Mon					
Tues					
Wed					
Thu					
Fri					
Sat					
Total Hours					

Extra Hours _____	X Rate _____	Pay Amount _____	Treasurer's Office
Overtime Hours _____	X Rate _____	Pay Amount _____	
Dock Hours _____	X Rate _____	Pay Amount _____	
Total Pay: _____			

Employee Signature

Date

Supervisor Signature