



# GREENE COUNTY SCHOOL SYSTEM

## Weekly Time Sheet

Name: \_\_\_\_\_ Month/Year \_\_\_\_\_

DAY	DATE	IN	OUT	IN	OUT	TOTAL
Saturday						
Sunday						
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
<b>Subtotal:</b>						

DAY	DATE	IN	OUT	IN	OUT	TOTAL
Saturday						
Sunday						
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
<b>Subtotal:</b>						

DAY	DATE	IN	OUT	IN	OUT	TOTAL
Saturday						
Sunday						
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
<b>Subtotal:</b>						

DAY	DATE	IN	OUT	IN	OUT	TOTAL
Saturday						
Sunday						
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
<b>Subtotal:</b>						

DAY	DATE	IN	OUT	IN	OUT	TOTAL
Saturday						
Sunday						
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
<b>Subtotal:</b>						

DAY	DATE	IN	OUT	IN	OUT	TOTAL
Saturday						
Sunday						
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
<b>Subtotal:</b>						

**Total for the Month:**

Employee Signature: \_\_\_\_\_

Approved: \_\_\_\_\_

Date: \_\_\_\_\_