Grant County Board of Education
Time Sheet

Name of Employee

EmployeeNumber

Address

Position / Program

Month

Date	Hours / Days Worked (Please indicate hours or days)
Total Hours / Days Worked	

My signature on this document certifies that the above hours/days are the true and actual number of hours/days worked during this time period.

Date

Signature of Employee

Date

Signature of Supervisor

(For Office Use) Account