Grant County Board of Education
Service Personnel Time Sheet

Employee Name: _____ Employee Number: _____ - ___ - _____

_____ School Month Beginning _____ Ending _____

	Date/s	Days		Date/s	Days
Personal Leave **(P)**			Holiday (paid) **(H)**		
Illness/Injury **(I)**			Weather Leave **(W)**		
Illness Immediate Family **(F)**			**Other **(O)**		
Death Immediate Family **(D)**			***Vacation **(V)**		

Total Days Performing Regular Duties _____

No. Days I Should Receive Pay _____

No. Days To Deduct From Pay _____

*If Personal Leave is claimed, complete proper form and attach to this report.

****OTHER**=I.E. (Continuing Education, Preparation for Opening/Closing Schools, Teacher-Pupil-Parent-Conference, Records Day, Outside School Environment, Primary or General Election, and Professional Leave)
(Approval Required For Professional Leave)

***Only Applies to twelve-month employees

IMPORTANT NOTICE:IF YOU HAVE ANY OVERTIME, PUT ON A SEPARATE SHEET WITH NAME, DATE, AND NUMBER OF HOURS WORKED AND ATTACH TO THIS REPORT.

Date	Time In	Lunch/Break Minutes	Time Out	Actual Hours Worked	Date	Time In	Lunch/Break Minutes	Time Out	Actual Hours Worked

_____ _____

Signature Of Employee Certified By Principal/Department Head