DISTRICT SCHOOL BOARD OF MADISON COUNTY
MADISON, FLORIDA

DAILY TIME SHEET TO BE FILED ON ANY EMPLOYEE BEING PAID ON AN HOURLY RATE

TO BE FUNDED BY: ___INTERNAL ACCOUNTS* ___DISTRICT* ___OTHER*
(Please Specify)

NAME: _____

WORKSITE: _____ ADDRESS: _____

PAY PERIOD **BEGINNING:** _____ **ENDING:** _____

PROGRAM (WORK STUDY, SUB, ETC.) **Payroll Time Sheet**

Date	Day	Start Time	Ending Time	Hours Worked	Type of Work

Total Hours Worked _____

I HEREBY CERTIFY THAT THE ABOVE HOURS ARE CORRECT.

Signature of Employee: _____ **Date:** _____

Signature of Principal/Department Head: _____ **Date:** _____

****TO BE COMPLETED BY Department Head**

Hours Worked				Rate of Pay	Gross Pay
Regular Hours:					
Additional Hours:					
Fund	Function	Object	Center	Project	Total Amount

*Payment made to regular employees by school organization will be paid in accordance with Agreement between District School Board of Madison County and Madison County Education Association as per contract. Effective June 24, 2014