



WARREN COUNTY TECHNICAL SCHOOL TIME SHEET

Employee Name: _____

Date	Time-In	Time-Out	Hours Worked	Tasks/Classes	Dept. to be Charged

Total:

Employee's Signature: _____ Date: _____

APPROVALS

Immediate Supervisor: _____ Date: _____

Chief School Administrator _____ Date: _____

Business Administrator: _____ Date: _____

Remit both copies to board office.