

# FRANKLIN COUNTY TECHNICAL SCHOOL

## Time Report

Name: \_\_\_\_\_

Week Ending Date: \_\_\_\_\_

Grant/Project Name	S/S	Monday	Tues.	Wed.	Thurs.	Friday	Rate	Total Hours

Week Ending Date: \_\_\_\_\_

Grant/Project Name	S/S	Monday	Tues.	Wed.	Thurs.	Friday	Rate	Total Hours

Total hours: \_\_\_\_\_

\_\_\_\_\_  
Employee Signature Date

\_\_\_\_\_  
Authorizing Signature Date

**Procedure for filling out time sheet:**

- 1). The timesheet should be completed accurately, paying attention to week-ending date.
  
- 2). The time sheet must be signed by you and your Supervisor. Timesheet should then be submitted to Payroll Department to be processed.