

# TIME SHEET

**Charlotte County Public Schools**  
 Post Office Box 790  
 Charlotte Court House, Virginia 23923

**Name:** \_\_\_\_\_ **SS#:** \_\_\_\_\_

**School/Location:** \_\_\_\_\_

Date Worked	Time Worked (From - To)	Location (School, Building, etc.)	Total Hours
<b>GRAND TOTAL:</b>			

**Rate of Pay:** \$ \_\_\_\_\_

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

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Program and/or Funding Grant Name: \_\_\_\_\_

*This form is due in the School Board Office, signed by the supervisor, on the 15<sup>th</sup> of each month unless otherwise instructed.*