

**Dawson Springs Independent School
118 E. Arcadia Avenue
Dawson Springs, KY 42408
(270) 797-3811**

**Classified
Monthly Time Sheet**

month/year

Employee Name: _____

Title: _____

Please supply the appropriate reason for each day not worked using the following codes:

**(S) - Sick Day (X) - Personal Day (H) - Holiday (P) - Professional Day (J) - Jury Duty
(O) - Scheduled Day Off (V) - Vacation Day**

****Attach a record of leave report to this form for all days coded S, X, P & V.****

| DATE | TIME IN | TIME OUT | | TIME IN | TIME OUT | TOTAL HOURS | DAY OFF CODE |
|------|------------|-------------|--|------------|-------------|----------------|-----------------|
| 1 | | | | | | | |
| 2 | | | | | | | |
| 3 | | | | | | | |
| 4 | | | | | | | |
| 5 | | | | | | | |
| 6 | | | | | | | |
| 7 | | | | | | | |
| 8 | | | | | | | |
| 9 | | | | | | | |
| 10 | | | | | | | |
| 11 | | | | | | | |
| 12 | | | | | | | |
| 13 | | | | | | | |
| 14 | | | | | | | |
| 15 | | | | | | | |

CONTINUED ON BACK

| DATE | TIME IN | TIME OUT | | TIME IN | TIME OUT | TOTAL HOURS | DAY OFF CODE |
|------|------------|-------------|--|------------|-------------|----------------|-----------------|
| 16 | | | | | | | |
| 17 | | | | | | | |
| 18 | | | | | | | |
| 19 | | | | | | | |
| 20 | | | | | | | |
| 21 | | | | | | | |
| 22 | | | | | | | |
| 23 | | | | | | | |
| 24 | | | | | | | |
| 25 | | | | | | | |
| 26 | | | | | | | |
| 27 | | | | | | | |
| 28 | | | | | | | |
| 29 | | | | | | | |
| 30 | | | | | | | |
| 31 | | | | | | | |

Revised 7/2014

Total Hours for Month _____

This document will remain in the Central Office as a record of your work schedule. This form must be signed and turned in to your immediate supervisor by the next work day following the end of each month. Please attach a record of leave report with this form for any day not regularly worked.

Employee's Signature

Date

Supervisor's Signature

Date