Franklin County School District
P. O. Box 605
Meadville, MS 39653

TIME SHEET

Name_____ SSN _____ Position_____Month_____

Date	Time Worked	Total Hours
	Total Hours	
	Rate	X
	Total Wages	

I hereby certify that I worked the hours listed above.

_____

Signature of Staff Date

Signature of Supervisor_____ Date_____

Payroll Cut off Date _____

Signature of Director_____ Date_____

Funding Code:_____