

DALE COUNTY BOARD OF EDUCATION  
TIME RECORD AND WAGES EARNED

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

SCHOOL: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_

JOB DESCRIPTION: \_\_\_\_\_

Beginning Workweek Year	Hours Worked							Total Hours	Rate of Pay	Total Amount Earned
	Sun	Mon	Tues	Wed	Thurs	Fri	Sat			

Total amount approved for this pay period \$ \_\_\_\_\_

I certify that the days and/or hours worked as indicated above are true and correct.

Signed: \_\_\_\_\_  
Employee

Date: \_\_\_\_\_

Signed: \_\_\_\_\_  
Principal

Date: \_\_\_\_\_

File one copy with the Dale County Board of Education and one with the principal at the school.

Please make sure **ALL** signatures are on this form **PRIOR** to submitting to payroll.  
Failure to do so will delay the processing of your request.

For Office Use:

Coordinator Signature: \_\_\_\_\_

Fund: \_\_\_\_\_