WILLIAMSON COUNTY BOARD OF EDUCATION
Field Maintenance WORK RECORD

Employee's Name: Employee Number:

Location: Time Periods From:

Record on this sheet complete time periods rounded up or down to the nearest quarter hour as outlined on the calendar in the Classified Employee Handbook for Employee Attendance Periods. **WE MUST RECEIVE TIME SHEETS IN A TIMELY MANNER, WITHIN 30 DAYS OF WORK PERFORMED. IF OVER 30 DAYS, WE MAY HAVE TO FIND SOMEONE ELSE TO FULFILL THE COMMITMENTS.**

DATES	Time In A.M.	Lunch Time Out	Lunch Time In	Time Out P.M.	Total Hours Worked

I certify that the reported information is correct, and I was not permitted or required to work or perform duties not reported on this time sheet. *** Prior approval of extra hours required by supervisor.**

Employee's Signature ***Date***

Principal's Signature ***Director's Signature***