

TIME SHEET  
CLAY COUNTY SCHOOLS

NAME \_\_\_\_\_ POSITION \_\_\_\_\_

SCHOOL MONTH: FROM \_\_\_\_\_ TO \_\_\_\_\_, \_\_\_\_\_

DAYS WORKED \_\_\_\_\_

SICK LEAVE \_\_\_\_\_

PERSONAL LEAVE \_\_\_\_\_

VACATION \_\_\_\_\_

ABSENT W/O PAY \_\_\_\_\_

JURY (ATTACH SLIP) \_\_\_\_\_

OS DAYS \_\_\_\_\_

HOLIDAYS \_\_\_\_\_

SNOW DAYS \_\_\_\_\_

OTHER (IN-SERVICE) \_\_\_\_\_

TOTAL DAYS TO BE PAID \_\_\_\_\_  
(LEAVE FORM MUST BE FILLED OUT IF DAYS ARE CLAIMED)

EMPLOYEE SIGNATURE \_\_\_\_\_

EMPLOYEE IDENTIFICATION NUMBER \_\_\_\_\_

SUPERVISOR SIGNATURE \_\_\_\_\_