

KENT COUNTY PUBLIC SCHOOLS

5608 BOUNDARY AVENUE ROCK HALL, MD 21661

BI-WEEKLY TIME SHEET

EMPLOYEE NAME _____ FOR PAY PERIOD _____ DATE _____

COST CENTER # _____ ENDING _____

DEPARTMENT/SCHOOL _____ RATE OF PAY _____ SPECIAL PROGRAM/GRANT _____

DAY OF WEEK	WEEK OF	WEEK OF	OVERTIME	For Office Use Only	
				Regular Hours	Overtime Hours
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					
Totals					

SPECIAL AUTHORIZATION REQUIRED
FOR ALL OVERTIME
COMPENSATORY TIME

This time sheet must be personally filled out and signed by employee.

Employee Signature _____

Supervisor _____

*Indicate number of hours each day. If outside of regular workday or workweek, note beginning and ending time.

CHECK ONE HOURS _____ DAYS _____

Indicate days or sessions by checking appropriate days.