

## SUPPORT TIME SHEET

NAME \_\_\_\_\_ SS # \_\_\_\_\_ WEEK \_\_\_\_\_  
 ADDRESS \_\_\_\_\_

My position with the DeKalb County Board of Education requires me to be on the job  
 from \_\_\_\_\_ to \_\_\_\_\_ each day.

SAT		DATE _____			
	TIME IN	OUT TO LUNCH	IN FROM LUNCH	TIME OUT	TOTAL HRS WRK'D EXCLUDING LUNCH
REG					
OTHER					
OTHER					

SUN		DATE _____			
	TIME IN	OUT TO LUNCH	IN FROM LUNCH	TIME OUT	TOTAL HRS WRK'D EXCLUDING LUNCH
REG					
OTHER					
OTHER					

MON		DATE _____			
	TIME IN	OUT TO LUNCH	IN FROM LUNCH	TIME OUT	TOTAL HRS WRK'D EXCLUDING LUNCH
REG					
OTHER					
OTHER					

TUES		DATE _____			
	TIME IN	OUT TO LUNCH	IN FROM LUNCH	TIME OUT	TOTAL HRS WRK'D EXCLUDING LUNCH
REG					
OTHER					
OTHER					

WED		DATE _____			
	TIME IN	OUT TO LUNCH	IN FROM LUNCH	TIME OUT	TOTAL HRS WRK'D EXCLUDING LUNCH
REG					
OTHER					
OTHER					

THUR		DATE _____			
	TIME IN	OUT TO LUNCH	IN FROM LUNCH	TIME OUT	TOTAL HRS WRK'D EXCLUDING LUNCH
REG					
OTHER					
OTHER					

FRI		DATE _____			
	TIME IN	OUT TO LUNCH	IN FROM LUNCH	TIME OUT	TOTAL HRS WRK'D EXCLUDING LUNCH
REG					
OTHER					
OTHER					

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