WARREN COUNTY SCHOOLS
EMPLOYEE DUAL TIME SHEET

FD-115
Revised July 23, 2007

Name: _____ School: Select One _____ Bus #: _____
Employee ID: _____ Period Covered: _____ Basic Emp: _____
AL - Annual Leave; BL - Bonus Leave; SL - Sick Leave; H - Holiday; PL - Professional Leave

Day of Week	Date	Other Employment - School Bus Driver/Other						Basic Employment						Comments (Indicate Lunch Period in this Col. If needed)
		AM Start Time	AM Stop Time	Total AM Time	PM Start Time	PM Stop Time	Total PM Time	AM Start Time	AM Stop Time	Total AM Time	PM Start Time	PM Stop Time	Total PM Time	
Mon.														
Tues.														
Wed.														
Thurs.														
Fri.														
Sat.														
Sun.														
Total 1st Week														
Mon.														
Tues.														
Wed.														
Thurs.														
Fri.														
Sat.														
Sun.														
Total 2nd Week														
Mon.														
Tues.														
Wed.														
Thurs.														
Fri.														
Sat.														
Sun.														
Total 3rd Week														
Mon.														
Tues.														
Wed.														
Thurs.														
Fri.														
Sat.														
Sun.														
Total 4th Week														
Mon.														
Tues.														
Wed.														
Thurs.														
Fri.														
Sat.														
Sun.														
Total 5th Week														
Grand Total														

Falsifying information is grounds for dismissal.

I hereby certify that the above report of time is correct and includes only hours worked each day

_____ _____
Employee Signature Date

I hereby certify that I have examined this report and to my knowledge it is a correct statement.

_____ _____
Supv. Signature Date