

HALL COUNTY SCHOOLS HOMELESS TRANSPORTATION TIME SHEET

NAME _____ MONTH _____ YEAR _____

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AM	AM	AM	AM	AM
PM	PM	PM	PM	PM
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AM	AM	AM	AM	AM
PM	PM	PM	PM	PM
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AM	AM	AM	AM	AM
PM	PM	PM	PM	PM
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AM	AM	AM	AM	AM
PM	PM	PM	PM	PM
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AM	AM	AM	AM	AM
PM	PM	PM	PM	PM

- ONLY ENTER NUMBERS (NO TIMES)
- THIS FORM IS DUE IN THE OFFICE BY THE PAYROLL CUTOFF DATE EACH MONTH
- INCORRECTLY FILLED OUT FORMS WILL NEED TO BE CORRECTED
- NO STUDENT NAMES OR LOCATIONS ARE TO BE ENTERED ON THIS FORM
- FILL IN THE DATES IN THE UPPER LEFT HAND CORNER FOR EACH DAY
- A NUMBER MUST BE ENTERED FOR EACH DAY, IF THERE IS NO NUMBER, YOU WILL NOT BE PAID FOR THAT RUN