

HAZLEHURST CITY SCHOOL DISTRICT

119 Robert McDaniel Drive

Hazlehurst, MS 39083

Mr. Cloyd Garth Jr., Superintendent

Weekly Timesheet

Name _____

Position _____

For the Week of _____

Day	Date	Time In	Lunch Out	Lunch In	Time Out
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					

Employee Signature _____ Date _____

Supervisor Signature _____ Date _____

Form MUST be signed by direct Supervisor