GLEN COUNTY OFFICE OF EDUCATION
CLASSIFIED TIME SHEET

(PRINT ON ORANGE PAPER ONLY)

Name: ____________________________ Department: ____________________________ Month/Year: ________________

<table>
<thead>
<tr>
<th>DATE</th>
<th>Total Hours</th>
<th>Absence</th>
<th>Other Hours</th>
<th>REMARKS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>CODE TIME</td>
<td>IN hr.</td>
<td>OUT min</td>
<td>TIME CODE</td>
</tr>
<tr>
<td>Jun-19</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| 26   |             |         |          |          |                                   |
| 27   |             |         |          |          |                                   |
| 28   |             |         |          |          |                                   |
| 29   |             |         |          |          |                                   |
| 30   |             |         |          |          |                                   |

TOTALS

This timesheet is to be used by ALL EMPLOYEES to capture the end of the 18/19 fiscal year

Use for the time period of June 26, 2019- June 30, 2019

Return to supervisor by Friday, June 28, 2019

Begin new sheet for July 1, 2019- July 25, 2019

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CHECK ONE
- End of the Month
- 10th of the Month

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Month Timesheet Period     Pay Day     Pay Day
June       June 26-June 30      06/28/19   7/10/19

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FOR OFFICE USE ONLY

18/19 Tracked

hours/day extra pay

hours/day Doek

hours Vacation payout

18/19 Offer Finalized

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Employee
I hereby swear (or affirm) under oath that the information is correct.

Supervisor (if applicable)

Department Head (if applicable)