RESET

DOUGHERTY COUNTY SCHOOL SYSTEM
MONTHLY PAYROLL TIMESHEET
(For Additional Pay)

Date:	**Location:**
Name:	**Position:**
Employee ID#:	**Social Security #:**
Program:	**Account #:**

DATE	HOURS	REASON
TOTAL	**0.00**	

Employee's Signature **Principal/Director/Supervisor Signature**

Note: 1. This form must be in the Payroll Office by **15th** of the month for payment at the end of the month.
2. Only **originals** will be accepted, no copies or faxes.