

**Grant County Board of Education  
Professional Time Sheet**

Name \_\_\_\_\_ Employee Number: \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_ School Month Beginning \_\_\_\_\_ Ending \_\_\_\_\_

Position: (Check One)

_____ Guidance Counselor	_____ Teacher
_____ Librarian	_____ Other Professional
_____ Principal/Assistant Principal	

Total Days Performing Reg. Duties \_\_\_\_\_

**#Days**

**Date(s)**

\*Personal Leave \_\_\_\_\_

Illness/Injury \_\_\_\_\_

Illness in immediate Family \_\_\_\_\_

Death in Immediate Family \_\_\_\_\_

\*\*\*Vacation \_\_\_\_\_

Weather \_\_\_\_\_

Holiday (Paid) \_\_\_\_\_

\*\*Other \_\_\_\_\_

No. Days I should receive pay \_\_\_\_\_

No. Days to deduct from salary \_\_\_\_\_

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Certified by Principal/Dept. Head

- \* If Personal Leave is Claimed, Complete Proper Form and attach to this report.
- \*\* Other = I.E. (Continuing Education, Preparation for opening/closing schools, teacher-pupil-parent conference, Records day, Outside School Environment, Primary or General Election, and Professional Leave) (APPROVAL REQUIRED FOR PROFESSIONAL LEAVE)
- \*\* Only Applies to Twelve-Month Employees

**IMPORTANT NOTICE:** If you have any overtime, put on a separate sheet with name, date, and number of hours worked and attach to this form.