HARDEMAN COUNTY SCHOOLS
Hourly Time Log

Employee: _____

School/Location: _____

Period Beginning _____ and Ending _____

Date	Beginning Time	Ending Time	Hours	Employee's Initials

_____ **Total Hours _____**

Employee's Signature

_____ **_____**

Supervisor's Signature **Program Administrator's Signature**

Central Office Use Only

Source of Funds: _____ **Date Received: _____**