BALDWIN COUNTY SCHOOLS
TIME SHEET / PERSONNEL ACTIVITY REPORT (PAR)

Employee Name _____ **Employee ID#** _____

SCHOOL_____ **PROGRAM**_____

RATE OF PAY_____

ACCOUNT CODE_____

DESCRIPTION OF JOB_____

SIGNATURE OF SUPERVISOR and/or PRINCIPAL_____

DATE	SIGNATURE	TIME IN	LUNCH BEGIN TIME OUT	LUNCH END TIME IN	TIME OUT	HOURS
					TOTAL HRS	