

# Forsyth County Accountability Courts

☐ DUI Court   ☐ Drug Court   ☐ CARE Program

## MONTHLY TIME SHEET

Name: \_\_\_\_\_ Employer: \_\_\_\_\_

Month: \_\_\_\_\_

DATE	IN	OUT	TOTAL:
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
31			
<b>Total hours worked:</b>			

I represent that the above information is true and correct, under penalty of perjury, and that for the above pay period, I am either a W-2 employee, 1099 employee, or self-employed. I understand that I must report any changes to my employment status to the Accountability Courts office within 72 hours. I understand that I may be required to provide further documentation of my employment at any time upon request of the Accountability Courts staff. I further understand that failure to provide this information to the Court will result in a sanction from the Court, and that failure to provide truthful information may result in my termination, a revocation of my sentence, and/or new criminal charges.