

INDEPENDENT SCHOOL DISTRICT #2

Name: _____ Position: _____

Time Period: (MMDDYY)_____ To: (MMDDYY)_____

Check in and checkout times are to be posted at time of arrival and departure each day

Date	In	Out	In	Out	In	Out	In	Out	Total
Monday									
Tuesday									
Wednesday									
Thursday									
Friday									
Saturday									
Sunday									

Total _____

Days Present: _____

Hours Off: Sick Leave _____
 Personal Leave _____
 Vacation Leave _____

Accumulated Comp. Time _____
 Comp. Time Added This Week _____
 Comp. Time Taken This Week _____
 Remaining Comp. Time _____

I CERTIFY THIS REPORT TO BE CORRECT AND TRUE:

EMPLOYEE

SUPERVISOR

APPROVED: _____
SUPERINTENDENT

This form is to remain in permanent records and must be completed in ink. If employee works other than authorized hours, details are to be attached to this form, with signature of supervisor and employee. No employee is authorized to work other than assigned hours without prior approval of supervisor. Supervisor will sign time card each week.

