

Independent School District #2

Name:

SSN

Position:

Time Period

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

Supervisor: _____

Weekly Total:

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

Supervisor: _____

Weekly Total:

Total Hours For Two Week Period

Accumulated Comp. Time

Days Present

Comp. Time Taken

Hours Off:

Sick Leave

Remaining Comp. Time

Personal Leave

I CERTIFY THIS REPORT TO BE

Professional Leave

CORRECT AND TRUE

Employee

Supervisor

This form is a permanent record and must be completed in ink. Check in and check out times are to be posted at time of arrival and departure each day. 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 initial each week.

