


EMPLOYEE NAME:						WEEK ENDING	
		Time Out	Time In	Time Out		TOTAL HOURS	Purpose
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							
COMMENTS							
TOTALS:	Regular		Overtime			Other	

						WEEK ENDING	
	Time In	Time Out	Time In	Time Out		TOTAL HOURS	
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							
COMMENTS							
TOTALS:	Regular		Overtime			Other	

						WEEK ENDING	
	Time In	Time Out	Time In	Time Out		TOTAL HOURS	
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							
COMMENTS							
TOTALS:	Regular		Overtime			Other	

						WEEK ENDING	
	Time In	Time Out	Time In	Time Out		TOTAL HOURS	
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							
COMMENTS							
TOTALS:	Regular		Overtime			Other	

I hereby certify that this is a true and accurate representation of all hours I have worked on behalf of the George-Little Rock Board of Education.

							
	Date					Employee Signature	