

To be filed monthly with the Superintendent

NAME _____

MONTH _____

	TIME IN	TIME OUT	TOTAL HOURS (Excluding Lunch)	JOB ASSIGNMENT
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
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29				
30				
31				

EMPLOYEE'S SIGNATURE _____

APPROVAL _____