

**MIDLAND INDEPENDENT SCHOOL DISTRICT  
SUPPLEMENTAL INFORMATION TIME SHEET**

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MI \_\_\_\_\_  
ID# \_\_\_\_\_

PAY PERIOD:  
FROM \_\_\_\_\_  
TO \_\_\_\_\_

**TO EXPLAIN REASON FOR ABSENCE**

	DATE	REASON FOR ABSENCE	1/2 OR 1 DAY?	VAC / SICK / COMP / OTHER	TIME FRAME OF ABSENCE		SUPV APP
					IN	OUT	
MONDAY							
TUESDAY							
WEDNESDAY							
THURSDAY							
FRIDAY							

**TO EXPLAIN INACCURACY IN TIME CLOCK READINGS**

	DATE	REASON FOR INACCURACY	TIME CLOCK READING SHOULD STATE:				SUPV APP
			IN	OUT	IN	OUT	
MONDAY							
TUESDAY							
WEDNESDAY							
THURSDAY							
FRIDAY							

\_\_\_\_\_  
EMPLOYEE'S SIGNATURE (MUST BE IN INK)

DATE \_\_\_\_\_

\_\_\_\_\_  
EMPLOYEE'S CAMPUS

\_\_\_\_\_  
EMPLOYEE'S POSITION

\_\_\_\_\_  
SUPERVISOR APPROVAL

DATE \_\_\_\_\_