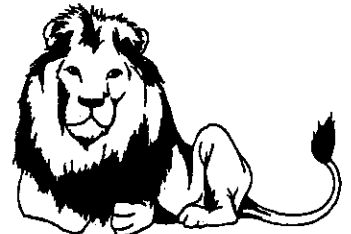


# UNION GROVE I. S. D.

P. O. Box 1447  
Gladewater, Texas 75647



## WEEKLY TIME RECORD

EMPLOYEE: \_\_\_\_\_

JOB: \_\_\_\_\_

WEEK ENDING: \_\_\_\_\_

Day	In	Out	In	Out	Regular Hours	Comp Time	Sick	Vacation	Total
Monday									
Tuesday									
Wednesday									
Thursday									
Friday									
Saturday									
Sunday									
					Total				
					Rate				
					Total				

Employee signature: \_\_\_\_\_

Date: \_\_\_\_\_

Manager signature: \_\_\_\_\_

Date: \_\_\_\_\_