

**Brownsville Independent School District
Sign-In/Sign-Out Time Sheet for Payroll Purposes**

Program Name:							
Report Period		Start:		Ending:			
Employee Name (Please Print):				Employee ID#			
Location Name:				Location #:			
Approved by:				Title:			

I certify the hours reported below are true and correct and that I provided the services according to the program guidelines.

Line #	Date	Time In	Lunch		Time Out	Hours Worked	Signature
			Time Out	Time In			
1							
2							
3							
4							
5							
6							
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