

THIS FORM IS FOR SLO LEAD TEACHERS ONLY – USE BLUE INK

Please PRINT:
Admin Name / Sign

Please PRINT:
Employee Name
(First Name Last Name)

Please PRINT:
Name of Campus

Please PRINT:
Title of Admin

Please PRINT:
Location #

Please PRINT:
Employee ID#

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

Program Name:		TIA SLO Trainers (SLO LEAD TEACHERS)			
Report Period	Start:	July 22, 2024	Ending:	August 16, 2024	
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	8/5/24		LEAVE	BLANK		2	<i>Awesome Employee</i>
2	8/10/24					6	<i>Awesome Employee</i>
3	8/13/24		LEAVE	BLANK		2	<i>Awesome Employee</i>
4	8/14/24		LEAVE	BLANK		2	<i>Awesome Employee</i>
5	8/15/24		LEAVE	BLANK		2	<i>Awesome Employee</i>

REQUIRES
Employee Signature

Please PRINT as shown above

Please PRINT:
Time you started

Please PRINT:
Times you took a
break for lunch on
Saturday, August 10
ONLY

Please PRINT:
Time you ended
(exactly 2 hours later) or
(exactly 6 hours or later depending
on lunch break on August 10)

Please PRINT as shown above

REQUIRES
Employee Signature

22							
23							
24							

Please PRINT:
"TOTAL: 14 Hours"

TOTAL: 14 Hours *Awesome Employee*