TTHS DISTRICT 205
ADMINISTRATIVE ASSISTANT
TIME WORKED & MISSED REPORT

Employee Name_____ **Payroll Period Ending** _____/_____/_____

Account Number_____ **Last 4 Digits of Social Security** # X X X - X X - _____

Date	Description (including start & end times)	Contractual 30% Temp Assign Earned	Comp Time Earned	Overtime Earned	Sick Days Used	Vacation Days Used	Personal/ Floater Used	Comp Time Used
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TOTAL _____ **TOTAL** _____

Employee Signature_____

Supervisor's Signature_____