

WESLACO INDEPENDENT SCHOOL DISTRICT

Teacher/Staff Sign-In Sheet

Record of Hours Worked



Federal Programs
Department

DATE/WEEK OF: FROM TO

CAMPUS / DEPARTMENT: _____

	MONDAY			TUESDAY			WEDNESDAY			THURSDAY			FRIDAY			SATURDAY		
TEACHER NAME	IN	OUT	INITIAL	IN	OUT	INITIAL	IN	OUT	INITIAL	IN	OUT	INITIAL	IN	OUT	INITIAL	IN	OUT	INITIAL

NOTE:

Everyone is to sign in and out on a daily basis, NO EXCEPTIONS. Under no circumstances should anyone sign in or out for another person. *Keep a copy of this form for your file and submit the original to Payroll in conjunction with the Time Cards on a bi-weekly basis.*

I attest this is a true record of hours worked.

Date:

Supervisor Signature: