SPRINGFIELD LOCAL SCHOOL DISTRICT

DAILY SIGN-IN SHEET

Employee Name: _____ **Signature:** _____

	Date Worked	Time Arrived	Lunch OUT	Lunch IN	Time Departed	Work Performed	Hours Worked	
M								M
T								T
W								W
Th								Th
F								F
S								S
M								M
T								T
W								W
TH								TH
F								F
S								S
						Total Hours Worked:		

HEREBY CERTIFFY THAT THE SERVICE AS INDICATED ABOVE WAS, IN FACT, RENDERED BY THE EMPLOYEE AS STATED:

TOTAL HOURS

_____

SIGNATURE OF SUPERVISOR

FUND NUMBER: _____ **RESOLUTION NUMBER:** _____

(List entire account code.) ***(Attach a copy of the resolution.)***