

NRHEG PUBLIC SCHOOLS ISD #2168

TIME RECORD

Employee Name: _____ Nature of work _____

Period Starting: _____ Ending: _____

Day of Week	Date	Time In	Time Out	Time In	Time Out	Time In	Time Out	Total Hrs	Holiday Hrs	Personal Hrs	Sick Hrs	Vacation Hrs	TOTAL WEEK
Sun													
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Wed													
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Fri													
Sat													

Total Hrs
Total

I declare under the penalties of law that this claim is just and correct and that no part of it has been paid.

Employee Signature

Supervisor Approval Signature #1

Date

Date

Administrator Approval Signature #2 (if applicable)

Date