

Time Sheet

Yoakum Independent School District

Employee's Name _____

Social Security Number _____

Department _____

Classification _____

School _____

Week Ending _____

Day of Week	Time Signed in For Day	Lunch		Otherwise		Time Signed Out For Day	Total For Day	Employee's Signature The entries hereon have been made by the undersigned, and I hereby certify that the time indicated is correct.
		Out	In	Out	In			
Sun.								
Mon.								
Tues.								
Wed.								
Thurs.								
Fri.								
Sat.								

Total Hours Worked _____ Number of Hours **under 40** _____ Number of Hours **over 40** _____

I hereby certify that to the best of my information, knowledge, and belief, the above time schedule is correct. _____
 Superintendent, Principal, Supervisor

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