

Time Sheet
Yoakum Independent School District

Employee's Name

School/Campus

Department/Job

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 heron 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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