

GOODRICH INDEPENDENT SCHOOL DISTRICT

WEEKLY TIME REPORT FOR HOURLY EMPLOYEES

NAME _____ EMPLOYEE # _____

WEEK ENDING _____ YEAR _____

	SUN	MON	TUE	WED	THU	FRI	SAT	REMARKS
DATE								
Beginning Time								
Lunch Time Out								
Lunch Time In								
Ending Time								
Total Hours For Day								
					Total Hours For Week			

Employee's Signature

Date

Supervisor's Signature

Date

Office Use Only: TOTAL HOURS _____ AMOUNT PAID _____ DATE PAID _____ SIGNATURE _____