GOODRICH INDEPENDENT SCHOOL DISTRICT MONTHLY TIME REPORT

MONTH							YEAR			
NAME						EMPLOYEE #				
	SUN	MON	TUE	WED	THU	FRI	SAT	WEEKLY HOURS	MONTHLY HOURS	
DATE										
HOURS WORKED										
DATE										
HOURS WORKED										
DATE	T			l	<u> </u>	1				
HOURS WORKED										
DATE										
HOURS WORKED										
DATE	1					1			1	
HOURS WORKED										
						TOTAL MONTHLY HOURS				
ABSENCE CODES: P - State Personal Leave W S - State Sick Leave J I - Local Incentive Leave H E - Extended Leave (Pay Sub)						Workshop/School Business Jury Duty Holiday Vacation				
Employee's Signature							Date			
Supervisor's Signature							Date			