PANOLA SCHOOLS
MONTH AND YEAR

Employee Name   Position

Week 1

Day:	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
Date:							
Time In:							
Time Out:							
Time In:							
Time Out:							
Total:							

Week 2

Day:	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
Date:							
Time In:							
Time Out:							
Time In:							
Time Out:							
Total:							

Week 3

Day:	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
Date:							
Time In:							
Time Out:							
Time In:							
Time Out:							
Total:							

Week 4

Day:	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
Date:							
Time In:							
Time Out:							
Time In:							
Time Out:							
Total:							

Week 5

Day:	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
Date:							
Time In:							
Time Out:							
Time In:							
Time Out:							
Total:							

	Week 1	Week 2	Week 3	Week 4	Week 5	TOTAL
Total Hrs						

Employee Signature & Date _____

Supervisor Signature & Date _____