

Big Sandy Independent School District

Name _____

ID Number _____

Location _____

Date	Job Assignment								Hours Worked	Amount of Leave used	Type of Leave Used	
	Date	IN	OUT	IN	OUT	IN	OUT	IN				OUT
Saturday												
Sunday												
Monday												
Tuesday												
Wednesday												
Thursday												
Friday												
Total Hours												

Leave Type Codes

- | | | |
|--------------------------|-----------------|---------------------|
| P- Personal Leave | S - Sick Leave | D - Death in Family |
| J- Jury Duty or Subpoena | H - Holiday | A- Assault Leave |
| L - Leave Without Pay | N- Non Duty Day | O - Other |

I certify this is an accurate record of the actual hours worked.

Employee Signature Date

Supervisor Signature Date

FOR PAYROLL USE ONLY									
Regular Hours Worked		OT Hours Worked		OT Hours Paid		Comp. Time Earned		Other	