

Name: _____

District: _____ MONTH _____

WEEK 1	Date	In/Out	In/Out	In/Out	Reg.Hours	Trans.	IDH	Weekly Total
Monday								
Tuesday								
Wednesday								
Thursday								
Friday								
Column Totals								
WEEK 2	Date	In/Out	In/Out	In/Out	Reg.Hours	Trans.	IDH	Weekly Total
Monday								
Tuesday								
Wednesday								
Thursday								
Friday								
Column Totals								
WEEK 3	Date	In/Out	In/Out	In/Out	Reg.Hours	Trans.	IDH	Weekly Total
Monday								
Tuesday								
Wednesday								
Thursday								
Friday								
Column Totals								
WEEK 4	Date	In/Out	In/Out	In/Out	Reg.Hours	Trans.	IDH	Weekly Total
Monday								
Tuesday								
Wednesday								
Thursday								
Friday								
Column Totals								
WEEK 5	Date	In/Out	In/Out	In/Out	Reg.Hours	Trans.	IDH	Weekly Total
Monday								
Tuesday								
Wednesday								
Thursday								
Friday								
Column Totals								

Employee Signature

Supervisor Signature

Grand Total Each Column			

The sheets are due the **first (1ST)** day of the month. Must be signed by employee and supervisor.

Signatures indicate that this is an accurate accounting of time worked.

Monthly Communication Hrs:	
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