POTTERVILLE PUBLIC SCHOOLS

Name: _____ *Building:* _____

Supervisor: _____ *Department:* _____

						HOURS				
	Date	Time In / Time Out				*Regular*	*Sick*	*Vacation*	**Total**	Notes/Comments
Monday										
Tuesday										
Wednesday										
Thursday										
Friday										
Saturday										
Sunday										
					WEEKLY TOTALS:					

						HOURS				
	Date	Time In / Time Out				*Regular*	*Sick*	*Vacation*	**Total**	Notes/Comments
Monday										
Tuesday										
Wednesday										
Thursday										
Friday										
Saturday										
Sunday										
					WEEKLY TOTALS:					
					TOTAL HOURS PAID:					

Employee Signature: _____

Supervisor Signature: _____ *Date:* _____