FLOWING WELLS SCHOOL DISTRICT EMPLOYEE TIME RECORD

EMPLOYEE NAME	
EMPLOYEE ID # SITE	
TYPE OF WORK PERFORMED	
Month DATE	
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	21 22 23 24 25 26 27 28 29 30 31
Hours	
Total number of hours worked Rate \$ Amo	ount Earned \$
	Other Pay \$
I certify that the above hours accurately reflect the amount of time and effort devoted to the program listed above. Total Amount	unt Earned \$
Signature of Employee App	roval by Work Supervisor
Rev. 2/2011	9-FW30080
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	21 22 23 24 25 26 27 28 29 30 31
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Month DATE 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 Hours	
Month DATE 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 Hours	ount Earned \$
Month DATE 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 Hours Rate \$ Amount Amou	
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