

District 205

STUDENT AND HOURLY WORKERS

TIME WORKED

Employee Name _____

Payroll Period Ending ____/____/____

Account Number _____

Last 4 Digits of Social Security # X X X - X X - _____

OFFICE USE ONLY!

Date	Assignment Description
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Start Time	End Time

Straight Time	Overtime

Total

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EMPLOYEE SIGNATURE _____

SUPERVISOR'S SIGNATURE _____