

**TTHS DISTRICT 205
BUILDING & GROUNDS
TIME WORKED & MISSED REPORT**

Employee Name _____

Payroll Period Ending ____/____/____

Account Number _____

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

Date	Description
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Straight Time	Overtime Hours	Contractual Temp Assgn.

Sick Days	Vacation Days	PERSONAL DAY	FLTR DAY

TOTAL _____

Employee Signature _____

Supervisor's Signature _____