

RUNGE ISD TIMESHEET

Name:	Employee #:
Beginning Date:	Ending Date:
	Campus/Dept.:

WEEKDAY	DATE	IN	OUT	IN	OUT	TOTAL	REMARKS:	TYPE OF LEAVE USED:
SUNDAY								
MONDAY								
TUESDAY								
WEDNESDAY								
THURSDAY								
FRIDAY								
SATURDAY								
Total Hours for Week:								

WEEKDAY	DATE	IN	OUT	IN	OUT	TOTAL	REMARKS:	TYPE OF LEAVE USED:
SUNDAY								
MONDAY								
TUESDAY								
WEDNESDAY								
THURSDAY								
FRIDAY								
SATURDAY								
Total Hours for the Week:								

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Employee Signature

Supervisors Signature