RUNGE ISD TIME SHEET

NAME: _____ **EMPLOYEE #:** _____

PAY PERIOD: _____ **to** _____ **CAMPUS/DEPT.:** _____

	DATE	IN	OUT	IN	OUT	TOTAL	TYPE OF LEAVE	REMARKS
SUNDAY								
MONDAY								
TUESDAY								
WEDNESDAY								
THURSDAY								
FRIDAY								
SATURDAY								
	TOTAL HOURS WORKED THIS WEEK:							

	DATE	IN	OUT	IN	OUT	TOTAL	TYPE OF LEAVE	REMARKS
SUNDAY								
MONDAY								
TUESDAY								
WEDNESDAY								
THURSDAY								
FRIDAY								
SATURDAY								
	TOTAL HOURS WORKED THIS WEEK:							

	DATE	IN	OUT	IN	OUT	TOTAL	TYPE OF LEAVE	REMARKS
SUNDAY								
MONDAY								
TUESDAY								
WEDNESDAY								
THURSDAY								
FRIDAY								
SATURDAY								
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SUNDAY								
MONDAY								
TUESDAY								
WEDNESDAY								
THURSDAY								
FRIDAY								
SATURDAY								
	TOTAL HOURS WORKED THIS WEEK:							

_____ _____

EMPLOYEE SIGNATURE **SUPERVISOR SIGNATURE**