

Name: _____ Tues School Detention
 Tutor OGT
 Building: _____ Home Instruction EXTRA HRS

| Date: | In | Out | In | Out | Total Hours | Comment | Worked for who? |
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| Total | | | | | | | |

| Date: | In | Out | In | Out | Total Hours | Overtime | Comment |
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| Total | | | | | | | |

 Employee Signature Date Supervisor's Signature Date

TOTAL HOURS FOR THIS TIME PERIOD: _____

Payroll Date_____