

**FLOWING WELLS SCHOOL DISTRICT
EMPLOYEE TIME RECORD**

EMPLOYEE NAME _____

EMPLOYEE ID # _____ SITE _____

TYPE OF WORK PERFORMED _____

Month	DATE																															
<input type="text"/>	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Hours																																

Total number of hours worked _____ Rate \$ _____ Amount Earned \$ _____

Other Pay \$ _____

I certify that the above hours accurately reflect the amount of time and effort devoted to the program listed above.

Total Amount Earned \$ _____

Signature of Employee

Approval by Work Supervisor

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