

HILLSBORO ISD NONEXEMPT TIME REPORT

Employee Name _____

Pay period beginning _____

Employee Number _____

Pay period ending _____

	Sunday		Monday		Tuesday		Wednesday		Thursday		Friday		Saturday	
Insert Dates:														
Time In		Hours Worked		Hours Worked		Hours Worked		Hours Worked		Hours Worked		Hours Worked		Hours Worked
Time Out														

	Sunday		Monday		Tuesday		Wednesday		Thursday		Friday		Saturday	
Insert Dates:														
Time In		Hours Worked		Hours Worked		Hours Worked		Hours Worked		Hours Worked		Hours Worked		Hours Worked
Time Out														

	Sunday		Monday		Tuesday		Wednesday		Thursday		Friday		Saturday	
Insert Dates:														
Time In		Hours Worked		Hours Worked		Hours Worked		Hours Worked		Hours Worked		Hours Worked		Hours Worked
Time Out														

	Sunday		Monday		Tuesday		Wednesday		Thursday		Friday		Saturday	
Insert Dates:														
Time In		Hours Worked		Hours Worked		Hours Worked		Hours Worked		Hours Worked		Hours Worked		Hours Worked
Time Out														

	Sunday		Monday		Tuesday		Wednesday		Thursday		Friday		Saturday	
Insert Dates:														
Time In		Hours Worked		Hours Worked		Hours Worked		Hours Worked		Hours Worked		Hours Worked		Hours Worked
Time Out														

I certify this is an accurate record of the actual hours worked.

Employee Signature

Date

Supervisor Signature

Date

Beginning Comp Time Balance _____
+ Comp Time Earned _____
- Comp Time Used _____
New Comp Time Balance _____

Absence Code:

- | | |
|-------------------|---------------------|
| V—Vacation | J—Jury Duty |
| P—Personal Leave | H—Holiday |
| S—Sick Leave | C—Comp Time Off |
| D—Death in Family | L—Leave Without Pay |

PAYROLL USE ONLY
Hours Worked _____
Hours Paid _____
OT Hours Worked _____
OT Hours Paid _____
Other _____