TTOC TIME SHEET

SCHOOL DISTRICT #64

MONTH:			
DATE	**ABSENT EMPLOYEE**	**SCHOOL**	**HOURS WORKED** (start & end times - or blocks)
1			
2			
3			
4			
5			
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29			
30			
31			
For Office Use Only		Pay Rate:	
Pay Type:		GL Code:	
EMPLOYEE NAME		**SIGNATURE**	