WIGGINS SCHOOL DISTRICT

Positively Impacting Every Student, Every Day

EMPLOYEE NAME:	TITLE:
DEPARTMENT:	SUPERVISOR:

DATE	TIME IN	TIME OUT	REASON ABSENT	TOTAL REGULAR HOURS	ACTIVITY/ EXTRA TIME IN	ACTIVITY/ EXTRA TIME OUT	DESCRIPTION	TOTAL ACTIVITY/ EXTRA HOURS

EMPLOYEE SIGNATURE:	DATE:
SUPERVISOR SIGNATURE:	DATE: