

WESLACO INDEPENDENT SCHOOL DISTRICT

REMOTE WORK FROM HOME RECORD OF HOURS WORKED

(MAKE ENTRY EACH TIME YOU START OR STOP WORK IN EACH PERIOD)

POSITION _____ SCHOOL OR DEPARTMENT _____
 NAME _____ EMPLOYEE ID _____
 PAY PERIOD: FROM _____ DATE TO _____ DATE

WEEK 1					
DAY	A.M.		P.M.		HOURS WORKED
	IN	OUT	IN	OUT	
MONDAY					
TUESDAY					
WEDNESDAY					
THURSDAY					
FRIDAY					
SATURDAY					
SUNDAY					
WEEK 1 TOTAL					

WEEK 2

DAY	A.M.		P.M.		HOURS WORKED
	IN	OUT	IN	OUT	
MONDAY					
TUESDAY					
WEDNESDAY					
THURSDAY					
FRIDAY					
SATURDAY					
SUNDAY					
WEEK 2 TOTAL					

I certify this is a true record of hours worked.

BI-WEEKLY TOTAL

EMPLOYEE

PRINCIPAL/ADMINISTRATOR

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THURSDAY					
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SATURDAY					
SUNDAY					
WEEK 1 TOTAL					

WEEK 2

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	IN	OUT	IN	OUT	
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TUESDAY					
WEDNESDAY					
THURSDAY					
FRIDAY					
SATURDAY					
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