



**BROWNWOOD INDEPENDENT
SCHOOL DISTRICT**

TIME SHEET

Name: _____

Title: _____

Comp. Time Brought
Forward _____

School: _____

Principal/Supervisor: _____

	DATE	START TIME	END TIME	LOSS TIME	TOTAL HRS. WORKED
SAT.					
SUN.					
MON.					
TUE.					
WED.					
THUR.					
FRI.					

Comp. Time Earned _____

Comp. Time Used _____

Total Hrs. Worked _____

	DATE	START TIME	END TIME	LOSS TIME	TOTAL HRS. WORKED
SAT.					
SUN.					
MON.					
TUE.					
WED.					
THUR.					
FRI.					

Comp. Time Earned _____

Comp. Time Used _____

Total Hrs. Worked _____

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FRI.					

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SAT.					
SUN.					
MON.					
TUE.					
WED.					
THUR.					
FRI.					

Comp. Time Earned _____

Comp. Time Used _____

Total Hrs. Worked _____

Total Comp. Time Earned _____

Total Comp. Time Used _____

Total Comp. Time Balance _____

Note: Overtime must be approved by Principal or Supervisor.

EMPLOYEE SIGNATURE: _____

DATE: _____

PRINCIPAL/SUPERVISOR: _____

DATE: _____

BUDGET CODE: _____

SUPPLEMENTAL PAY: _____