Rome City Schools

RECORD OF HOURS WORKED DAILY

School:																					
Beginning Date: Ending Date:																					
Day of the Month																					
Employee's Name																					Employee's signature
						R	/aiı	nter	nan	се	and	/or	Cu	sto	diar	ns					
Secretaries																					
Para-Professionals, All Aides																					
	Detention Hall Supervisors																				
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I certify this time as being correct. (Principal or supervisor's signature)