

Helena-West Helena School District

Sign In/Sign Out Form

Name: _____

Reporting Period: _____

Date	Day	In	Out	In	Out	In	Out	In	Out	Explanation	Total Hrs.
	Sunday										
	Monday										
	Tuesday										
	Wednesday										
	Thursday										
	Friday										
	Saturday										

Date	Day	In	Out	In	Out	In	Out	In	Out	Explanation	Total Hrs.
	Sunday										
	Monday										
	Tuesday										
	Wednesday										
	Thursday										
	Friday										
	Saturday										

Knowing submitting false information will result in disciplinary actions.

Signature: _____ Date: _____ Budget Unit: _____

Supervisor/Principal's Signature: _____ Date: _____ Total Reg Hrs. ____ @ \$ ____

Administration Office Approval: _____ Date: _____ Total OT Hrs. ____ @ \$ ____