

EMPLOYEE TIME RECORD

RALLS COUNTY R-II

MONTH: _____ EMPLOYEE NAME: _____

Position:

Building:

Day	IN am	OUT am	IN am	OUT am	IN pm	OUT pm			Vacation, Sick Day, Personal, Holiday	L e a v e	V a c a t i o n		
							IN pm	OUT pm					
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30													
31													
									Total				

**All comp time must be pre-approved by the appropriate administrator.*

Employee's Signature

Comp Time Carried Over

Supervisor's Signature

Verified by