

**WILLIAMSON COUNTY BOARD OF EDUCATION
CLASSIFIED EMPLOYEES WORK RECORD**

Employee's Name:

Employee Number:

Location:

Pay Period: 7/1/23-7/8/23

DATES	TIME IN A.M.	LUNCH TIME OUT	LUNCH TIME IN	TIME OUT P.M.	EXTRA HOURS WORKED	SUPERVISOR INITIAL*	TOTAL HOURS WORKED	TYPE OF LEAVE
07/03/23								
07/04/23	SYSTEM CLOSED							
07/05/23								
07/06/23								
07/07/23								

*I certify that the reported information is correct, and I was not permitted or required to work or perform duties not reported on this time sheet. *Prior approval of extra hours required by supervisor.*

Employee's Signature

Supervisor's Signature

**WILLIAMSON COUNTY BOARD OF EDUCATION
CLASSIFIED EMPLOYEES WORK RECORD**

Employee's Name:

Employee Number:

Location:

Pay Period: 7/9/23-7/29/23

DATES	TIME IN A.M.	LUNCH TIME OUT	LUNCH TIME IN	TIME OUT P.M.	EXTRA HOURS WORKED	SUPERVISOR INITIAL*	TOTAL HOURS WORKED	TYPE OF LEAVE
07/10/23								
07/11/23								
07/12/23								
07/13/23								
07/14/23								
07/17/23								
07/18/23								
07/19/23								
07/20/23								
07/21/23								
07/24/23								
07/25/23								
07/26/23								
07/27/23								
07/28/23								

*I certify that the reported information is correct, and I was not permitted or required to work or perform duties not reported on this time sheet. *Prior approval of extra hours required by supervisor.*

Employee's Signature

Supervisor's Signature

**WILLIAMSON COUNTY BOARD OF EDUCATION
CLASSIFIED EMPLOYEES WORK RECORD**

Employee's Name:

Employee Number:

Location:

Pay Period: 7/30/23-8/12/23

DATES	TIME IN A.M.	LUNCH TIME OUT	LUNCH TIME IN	TIME OUT P.M.	EXTRA HOURS WORKED	SUPERVISOR INITIAL*	TOTAL HOURS WORKED	TYPE OF LEAVE
07/31/23								
08/01/23								
08/02/23								
08/03/23								
08/04/23								
08/07/23								
08/08/23								
08/09/23								
08/10/23								
08/11/23								

*I certify that the reported information is correct, and I was not permitted or required to work or perform duties not reported on this time sheet. *Prior approval of extra hours required by supervisor.*

Employee's Signature

Supervisor's Signature

**WILLIAMSON COUNTY BOARD OF EDUCATION
CLASSIFIED EMPLOYEES WORK RECORD**

Employee's Name:

Employee Number:

Location:

Pay Period: 8/13/23-8/26/23

DATES	TIME IN A.M.	LUNCH TIME OUT	LUNCH TIME IN	TIME OUT P.M.	EXTRA HOURS WORKED	SUPERVISOR INITIAL*	TOTAL HOURS WORKED	TYPE OF LEAVE
08/14/23								
08/15/23								
08/16/23								
08/17/23								
08/18/23								
08/21/23								
08/22/23								
08/23/23								
08/24/23								
08/25/23								

*I certify that the reported information is correct, and I was not permitted or required to work or perform duties not reported on this time sheet. *Prior approval of extra hours required by supervisor.*

Employee's Signature

Supervisor's Signature

**WILLIAMSON COUNTY BOARD OF EDUCATION
CLASSIFIED EMPLOYEES WORK RECORD**

Employee's Name:

Employee Number:

Location:

Pay Period: 8/27/23-9/9/23

DATES	TIME IN A.M.	LUNCH TIME OUT	LUNCH TIME IN	TIME OUT P.M.	EXTRA HOURS WORKED	SUPER-VISOR INITIAL*	TOTAL HOURS WORKED	TYPE OF LEAVE
08/28/23								
08/29/23								
08/30/23								
08/31/23								
09/01/23								
09/04/23	SYSTEM CLOSED							
09/05/23								
09/06/23								
09/07/23								
09/08/23								

*I certify that the reported information is correct, and I was not permitted or required to work or perform duties not reported on this time sheet. *Prior approval of extra hours required by supervisor.*

Employee's Signature

Supervisor's Signature

**WILLIAMSON COUNTY BOARD OF EDUCATION
CLASSIFIED EMPLOYEES WORK RECORD**

Employee's Name:

Employee Number:

Location:

Pay Period: 9/10/23-9/23/23

DATES	TIME IN A.M.	LUNCH TIME OUT	LUNCH TIME IN	TIME OUT P.M.	EXTRA HOURS WORKED	SUPER-VISOR INITIAL*	TOTAL HOURS WORKED	TYPE OF LEAVE
09/11/23								
09/12/23								
09/13/23								
09/14/23								
09/15/23								
09/18/23								
09/19/23								
09/20/23								
09/21/23								
09/22/23								

*I certify that the reported information is correct, and I was not permitted or required to work or perform duties not reported on this time sheet. *Prior approval of extra hours required by supervisor.*

Employee's Signature

Supervisor's Signature

**WILLIAMSON COUNTY BOARD OF EDUCATION
CLASSIFIED EMPLOYEES WORK RECORD**

Employee's Name:

Employee Number:

Location:

Pay Period: 9/24/23-10/14/23

DATES	TIME IN A.M.	LUNCH TIME OUT	LUNCH TIME IN	TIME OUT P.M.	EXTRA HOURS WORKED	SUPER-VISOR INITIAL*	TOTAL HOURS WORKED	TYPE OF LEAVE
09/25/23								
09/26/23								
09/27/23								
09/28/23								
09/29/23								
10/02/23								
10/03/23								
10/04/23								
10/05/23								
10/06/23								
10/09/23								
10/10/23								
10/11/23	SYSTEM CLOSED							
10/12/23	SYSTEM CLOSED							
10/13/23	SYSTEM CLOSED							

*I certify that the reported information is correct, and I was not permitted or required to work or perform duties not reported on this time sheet. *Prior approval of extra hours required by supervisor.*

Employee's Signature

Supervisor's Signature

**WILLIAMSON COUNTY BOARD OF EDUCATION
CLASSIFIED EMPLOYEES WORK RECORD**

Employee's Name:

Employee Number:

Location:

Pay Period: 10/15/23-10/28/23

DATES	TIME IN A.M.	LUNCH TIME OUT	LUNCH TIME IN	TIME OUT P.M.	EXTRA HOURS WORKED	SUPER-VISOR INITIAL*	TOTAL HOURS WORKED	TYPE OF LEAVE
10/16/23								
10/17/23								
10/18/23								
10/19/23								
10/20/23								
10/23/23								
10/24/23								
10/25/23								
10/26/23								
10/27/23								

*I certify that the reported information is correct, and I was not permitted or required to work or perform duties not reported on this time sheet. *Prior approval of extra hours required by supervisor.*

Employee's Signature

Supervisor's Signature

**WILLIAMSON COUNTY BOARD OF EDUCATION
CLASSIFIED EMPLOYEES WORK RECORD**

Employee's Name:

Employee Number:

Location:

Pay Period: 10/29/23-11/11/23

DATES	TIME IN A.M.	LUNCH TIME OUT	LUNCH TIME IN	TIME OUT P.M.	EXTRA HOURS WORKED	SUPER-VISOR INITIAL*	TOTAL HOURS WORKED	TYPE OF LEAVE
10/30/23								
10/31/23								
11/01/23								
11/02/23								
11/03/23								
11/06/23								
11/07/23								
11/08/23								
11/09/23								
11/10/23								

*I certify that the reported information is correct, and I was not permitted or required to work or perform duties not reported on this time sheet. *Prior approval of extra hours required by supervisor.*

Employee's Signature

Supervisor's Signature

**WILLIAMSON COUNTY BOARD OF EDUCATION
CLASSIFIED EMPLOYEES WORK RECORD**

Employee's Name:

Employee Number:

Location:

Pay Period: 11/12/23-11/25/23

DATES	TIME IN A.M.	LUNCH TIME OUT	LUNCH TIME IN	TIME OUT P.M.	EXTRA HOURS WORKED	SUPER-VISOR INITIAL*	TOTAL HOURS WORKED	TYPE OF LEAVE
11/13/23								
11/14/23								
11/15/23								
11/16/23								
11/17/23								
11/20/23	SYSTEM CLOSED							
11/21/23	SYSTEM CLOSED							
11/22/23	SYSTEM CLOSED							
11/23/23	SYSTEM CLOSED							
11/24/23	SYSTEM CLOSED							

*I certify that the reported information is correct, and I was not permitted or required to work or perform duties not reported on this time sheet. *Prior approval of extra hours required by supervisor.*

Employee's Signature

Supervisor's Signature

**WILLIAMSON COUNTY BOARD OF EDUCATION
CLASSIFIED EMPLOYEES WORK RECORD**

Employee's Name:

Employee Number:

Location:

Pay Period: 11/26/23-12/9/23

DATES	TIME IN A.M.	LUNCH TIME OUT	LUNCH TIME IN	TIME OUT P.M.	EXTRA HOURS WORKED	SUPER-VISOR INITIAL*	TOTAL HOURS WORKED	TYPE OF LEAVE
11/27/23								
11/28/23								
11/29/23								
11/30/23								
12/01/23								
12/04/23								
12/05/23								
12/06/23								
12/07/23								
12/08/23								

*I certify that the reported information is correct, and I was not permitted or required to work or perform duties not reported on this time sheet. *Prior approval of extra hours required by supervisor.*

Employee's Signature

Supervisor's Signature

**WILLIAMSON COUNTY BOARD OF EDUCATION
CLASSIFIED EMPLOYEES WORK RECORD**

Employee's Name:

Employee Number:

Location:

Pay Period: 12/10/23-12/30/23

DATES	TIME IN A.M.	LUNCH TIME OUT	LUNCH TIME IN	TIME OUT P.M.	EXTRA HOURS WORKED	SUPER-VISOR INITIAL*	TOTAL HOURS WORKED	TYPE OF LEAVE
12/11/23								
12/12/23								
12/13/23								
12/14/23								
12/15/23								
12/18/23								
12/19/23	SYSTEM CLOSED							
12/20/23	SYSTEM CLOSED							
12/21/23	SYSTEM CLOSED							
12/22/23	SYSTEM CLOSED							
12/25/23	SYSTEM CLOSED							
12/26/23	SYSTEM CLOSED							
12/27/23	SYSTEM CLOSED							
12/28/23	SYSTEM CLOSED							
12/29/23	SYSTEM CLOSED							

*I certify that the reported information is correct, and I was not permitted or required to work or perform duties not reported on this time sheet. *Prior approval of extra hours required by supervisor.*

Employee's Signature

Supervisor's Signature

**WILLIAMSON COUNTY BOARD OF EDUCATION
CLASSIFIED EMPLOYEES WORK RECORD**

Employee's Name:

Employee Number:

Location:

Pay Period: 12/31/23-1/13/24

DATES	TIME IN A.M.	LUNCH TIME OUT	LUNCH TIME IN	TIME OUT P.M.	EXTRA HOURS WORKED	SUPER-VISOR INITIAL*	TOTAL HOURS WORKED	TYPE OF LEAVE
01/01/24	SYSTEM CLOSED							
01/02/24								
01/03/24								
01/04/24								
01/05/24								
01/08/24								
01/09/24								
01/10/24								
01/11/24								
01/12/24								

*I certify that the reported information is correct, and I was not permitted or required to work or perform duties not reported on this time sheet. *Prior approval of extra hours required by supervisor.*

Employee's Signature

Supervisor's Signature

**WILLIAMSON COUNTY BOARD OF EDUCATION
CLASSIFIED EMPLOYEES WORK RECORD**

Employee's Name:

Employee Number:

Location:

Pay Period: 1/14/24-1/27/24

DATES	TIME IN A.M.	LUNCH TIME OUT	LUNCH TIME IN	TIME OUT P.M.	EXTRA HOURS WORKED	SUPER-VISOR INITIAL*	TOTAL HOURS WORKED	TYPE OF LEAVE
01/15/24	SYSTEM CLOSED							
01/16/24								
01/17/24								
01/18/24								
01/19/24								
01/22/24								
01/23/24								
01/24/24								
01/25/24								
01/26/24								

*I certify that the reported information is correct, and I was not permitted or required to work or perform duties not reported on this time sheet. *Prior approval of extra hours required by supervisor.*

Employee's Signature

Supervisor's Signature

**WILLIAMSON COUNTY BOARD OF EDUCATION
CLASSIFIED EMPLOYEES WORK RECORD**

Employee's Name:

Employee Number:

Location:

Pay Period: 1/28/24-2/10/24

DATES	TIME IN A.M.	LUNCH TIME OUT	LUNCH TIME IN	TIME OUT P.M.	EXTRA HOURS WORKED	SUPER-VISOR INITIAL*	TOTAL HOURS WORKED	TYPE OF LEAVE
01/29/24								
01/30/24								
01/31/24								
02/01/24								
02/02/24								
02/05/24								
02/06/24								
02/07/24								
02/08/24								
02/09/24								

*I certify that the reported information is correct, and I was not permitted or required to work or perform duties not reported on this time sheet. *Prior approval of extra hours required by supervisor.*

Employee's Signature

Supervisor's Signature

**WILLIAMSON COUNTY BOARD OF EDUCATION
CLASSIFIED EMPLOYEES WORK RECORD**

Employee's Name:

Employee Number:

Location:

Pay Period: 2/11/24-2/24/24

DATES	TIME IN A.M.	LUNCH TIME OUT	LUNCH TIME IN	TIME OUT P.M.	EXTRA HOURS WORKED	SUPER-VISOR INITIAL*	TOTAL HOURS WORKED	TYPE OF LEAVE
02/12/24								
02/13/24								
02/14/24								
02/15/24								
02/16/24								
02/19/24								
02/20/24								
02/21/24								
02/22/24								
02/23/24								

*I certify that the reported information is correct, and I was not permitted or required to work or perform duties not reported on this time sheet. *Prior approval of extra hours required by supervisor.*

Employee's Signature

Supervisor's Signature

**WILLIAMSON COUNTY BOARD OF EDUCATION
CLASSIFIED EMPLOYEES WORK RECORD**

Employee's Name:

Employee Number:

Location:

Pay Period: 2/25/24-3/16/24

DATES	TIME IN A.M.	LUNCH TIME OUT	LUNCH TIME IN	TIME OUT P.M.	EXTRA HOURS WORKED	SUPER-VISOR INITIAL*	TOTAL HOURS WORKED	TYPE OF LEAVE
02/26/24								
02/27/24								
02/28/24								
02/29/24								
03/01/24								
03/04/24								
03/05/24								
03/06/24								
03/07/24								
03/08/24								
3/11/2024	SYSTEM CLOSED							
3/12/2024	SYSTEM CLOSED							
3/13/2024	SYSTEM CLOSED							
3/14/2024	SYSTEM CLOSED							
3/15/2024	SYSTEM CLOSED							

*I certify that the reported information is correct, and I was not permitted or required to work or perform duties not reported on this time sheet. *Prior approval of extra hours required by supervisor.*

Employee's Signature

Supervisor's Signature

**WILLIAMSON COUNTY BOARD OF EDUCATION
CLASSIFIED EMPLOYEES WORK RECORD**

Employee's Name:

Employee Number:

Location:

Pay Period: 3/17/24-3/30/24

DATES	TIME IN A.M.	LUNCH TIME OUT	LUNCH TIME IN	TIME OUT P.M.	EXTRA HOURS WORKED	SUPER-VISOR INITIAL*	TOTAL HOURS WORKED	TYPE OF LEAVE
03/18/24								
03/19/24								
03/20/24								
03/21/24								
03/22/24								
03/25/24								
03/26/24								
03/27/24								
03/28/24								
03/29/24	SYSTEM CLOSED							

*I certify that the reported information is correct, and I was not permitted or required to work or perform duties not reported on this time sheet. *Prior approval of extra hours required by supervisor.*

Employee's Signature

Supervisor's Signature

**WILLIAMSON COUNTY BOARD OF EDUCATION
CLASSIFIED EMPLOYEES WORK RECORD**

Employee's Name:

Employee Number:

Location:

Pay Period: 3/31/24-4/13/24

DATES	TIME IN A.M.	LUNCH TIME OUT	LUNCH TIME IN	TIME OUT P.M.	EXTRA HOURS WORKED	SUPER-VISOR INITIAL*	TOTAL HOURS WORKED	TYPE OF LEAVE
04/01/24								
04/02/24								
04/03/24								
04/04/24								
04/05/24								
04/08/24								
04/09/24								
04/10/24								
04/11/24								
04/12/24								

*I certify that the reported information is correct, and I was not permitted or required to work or perform duties not reported on this time sheet. *Prior approval of extra hours required by supervisor.*

Employee's Signature

Supervisor's Signature

**WILLIAMSON COUNTY BOARD OF EDUCATION
CLASSIFIED EMPLOYEES WORK RECORD**

Employee's Name:

Employee Number:

Location:

Pay Period: 4/14/24-4/27/24

DATES	TIME IN A.M.	LUNCH TIME OUT	LUNCH TIME IN	TIME OUT P.M.	EXTRA HOURS WORKED	SUPER-VISOR INITIAL*	TOTAL HOURS WORKED	TYPE OF LEAVE
04/15/24								
04/16/24								
04/17/24								
04/18/24								
04/19/24								
04/22/24								
04/23/24								
04/24/24								
04/25/24								
04/26/24								

*I certify that the reported information is correct, and I was not permitted or required to work or perform duties not reported on this time sheet. *Prior approval of extra hours required by supervisor.*

Employee's Signature

Supervisor's Signature

**WILLIAMSON COUNTY BOARD OF EDUCATION
CLASSIFIED EMPLOYEES WORK RECORD**

Employee's Name:

Employee Number:

Location:

Pay Period: 4/28/24-5/11/24

DATES	TIME IN A.M.	LUNCH TIME OUT	LUNCH TIME IN	TIME OUT P.M.	EXTRA HOURS WORKED	SUPER-VISOR INITIAL*	TOTAL HOURS WORKED	TYPE OF LEAVE
04/29/24								
04/30/24								
05/01/24								
05/02/24								
05/03/24								
05/06/24								
05/07/24								
05/08/24								
05/09/24								
05/10/24								

*I certify that the reported information is correct, and I was not permitted or required to work or perform duties not reported on this time sheet. *Prior approval of extra hours required by supervisor.*

Employee's Signature

Supervisor's Signature

**WILLIAMSON COUNTY BOARD OF EDUCATION
CLASSIFIED EMPLOYEES WORK RECORD**

Employee's Name:

Employee Number:

Location:

Pay Period: 5/12/24-5/25/24

DATES	TIME IN A.M.	LUNCH TIME OUT	LUNCH TIME IN	TIME OUT P.M.	EXTRA HOURS WORKED	SUPER-VISOR INITIAL*	TOTAL HOURS WORKED	TYPE OF LEAVE
05/13/24								
05/14/24								
05/15/24								
05/16/24								
05/17/24								
05/20/24								
05/21/24								
05/22/24								
05/23/24								
05/24/24								

*I certify that the reported information is correct, and I was not permitted or required to work or perform duties not reported on this time sheet. *Prior approval of extra hours required by supervisor.*

Employee's Signature

Supervisor's Signature

**WILLIAMSON COUNTY BOARD OF EDUCATION
CLASSIFIED EMPLOYEES WORK RECORD**

Employee's Name:

Employee Number:

Location:

Pay Period: 5/26/24-6/15/24

DATES	TIME IN A.M.	LUNCH TIME OUT	LUNCH TIME IN	TIME OUT P.M.	EXTRA HOURS WORKED	SUPER-VISOR INITIAL*	TOTAL HOURS WORKED	TYPE OF LEAVE
05/27/24	SYSTEM CLOSED							
05/28/24								
05/29/24								
05/30/24								
05/31/24								
06/03/24								
06/04/24								
06/05/24								
06/06/24								
06/07/24								
06/10/24								
06/11/24								
06/12/24								
06/13/24								
06/14/24								

*I certify that the reported information is correct, and I was not permitted or required to work or perform duties not reported on this time sheet. *Prior approval of extra hours required by supervisor.*

Employee's Signature

Supervisor's Signature

**WILLIAMSON COUNTY BOARD OF EDUCATION
CLASSIFIED EMPLOYEES WORK RECORD**

Employee's Name:

Employee Number:

Location:

Pay Period: 6/16/24-6/30/24

DATES	TIME IN A.M.	LUNCH TIME OUT	LUNCH TIME IN	TIME OUT P.M.	EXTRA HOURS WORKED	SUPER-VISOR INITIAL*	TOTAL HOURS WORKED	TYPE OF LEAVE
06/17/24								
06/18/24								
06/19/24								
06/20/24								
06/21/24								
06/24/24								
06/25/24								
06/26/24								
06/27/24								
06/28/24								

*I certify that the reported information is correct, and I was not permitted or required to work or perform duties not reported on this time sheet. *Prior approval of extra hours required by supervisor.*

Employee's Signature

Supervisor's Signature