

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

Employee's Name:

Employee Number:

Location:

Pay Period: 7/1/25-7/12/25

DATES	WORK	SICK	HOLIDAY	VACATION	PERSONAL	OTHER
07/01/25						
07/02/25						
07/03/25						
07/04/25	SYSTEM CLOSED					
07/07/25						
07/08/25						
07/09/25						
07/10/25						
07/11/25						

*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
SALARIED EMPLOYEES WORK RECORD**

Employee's Name:

Employee Number:

Location:

Pay Period: 7/13/25-7/26/25

DATES	WORK	SICK	HOLIDAY	VACATION	PERSONAL	OTHER
07/14/25						
07/15/25						
07/16/25						
07/17/25						
07/18/25						
07/21/25						
07/22/25						
07/23/25						
07/24/25						
07/25/25						

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Employee's Signature

Supervisor's Signature

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

Employee's Name:

Employee Number:

Location:

Pay Period: 7/27/25-8/16/25

DATES	WORK	SICK	HOLIDAY	VACATION	PERSONAL	OTHER
07/28/25						
07/29/25						
07/30/25						
07/31/25						
08/01/25						
08/04/25						
08/05/25						
08/06/25						
08/07/25						
08/08/25						
08/11/25						
08/12/25						
08/13/25						
08/14/25						
08/15/25						

I certify that the reported information is correct, and I was not permitted or required to work or perform

Employee's Signature

Supervisor's Signature

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

Employee's Name:

Employee Number:

Location:

Pay Period: 8/17/25 - 8/30/25

DATES	WORK	SICK	HOLIDAY	VACATION	PERSONAL	OTHER
08/18/25						
08/19/25						
08/20/25						
08/21/25						
08/22/25						
08/25/25						
08/26/25						
08/27/25						
08/28/25						
08/29/25						

I certify that the reported information is correct, and I was not permitted or required to work or perform

Employee's Signature

Supervisor's Signature

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

Employee's Name:

Employee Number:

Location:

Pay Period: 8/31/25-9/13/25

DATES	WORK	SICK	HOLIDAY	VACATION	PERSONAL	OTHER
09/01/25	System Closed					
09/02/25						
09/03/25						
09/04/25						
09/05/25						
09/08/25						
09/09/25						
09/10/25						
09/11/25						
09/12/25						

I certify that the reported information is correct, and I was not permitted or required to work or perform

Employee's Signature

Supervisor's Signature

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

Employee's Name:

Employee Number:

Location:

Pay Period: 9/14/25-9/27/25

DATES	WORK	SICK	HOLIDAY	VACATION	PERSONAL	OTHER
09/15/25						
09/16/25						
09/17/25						
09/18/25						
09/19/25						
09/22/25						
09/23/25						
09/24/25						
09/25/25						
09/26/25						

I certify that the reported information is correct, and I was not permitted or required to work or perform

Employee's Signature

Supervisor's Signature

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

Employee's Name:

Employee Number:

Location:

Pay Period: 9/28/25-10/04/25

DATES	WORK	SICK	HOLIDAY	VACATION	PERSONAL	OTHER
09/29/25						
09/30/25						
10/01/25						
10/02/25						
10/03/25						

*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
SALARIED EMPLOYEES WORK RECORD**

Employee's Name:

Employee Number:

Location:

Pay Period: 10/05/25-10/25/25

DATES	WORK	SICK	HOLIDAY	VACATION	PERSONAL	OTHER
10/06/25						
10/07/25						
10/08/25	SYSTEM CLOSED					
10/09/25	SYSTEM CLOSED					
10/10/25	SYSTEM CLOSED					
10/13/25						
10/14/25						
10/15/25						
10/16/25						
10/17/25						
10/20/25						
10/21/25						
10/22/25						
10/23/25						
10/24/25						

I certify that the reported information is correct, and I was not permitted or required to work or perform

Employee's Signature

Supervisor's Signature

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

Employee's Name:

Employee Number:

Location:

Pay Period: 10/26/25-11/08/25

DATES	WORK	SICK	HOLIDAY	VACATION	PERSONAL	OTHER
10/27/25						
10/28/25						
10/29/25						
10/30/25						
10/31/25						
11/03/25						
11/04/25						
11/05/25						
11/06/25						
11/07/25						

*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
SALARIED EMPLOYEES WORK RECORD**

Employee's Name:

Employee Number:

Location:

Pay Period: 11/09/25-11/29/25

DATES	WORK	SICK	HOLIDAY	VACATION	PERSONAL	OTHER
11/10/25						
11/11/25						
11/12/25						
11/13/25						
11/14/25						
11/17/25						
11/18/25						
11/19/25						
11/20/25						
11/21/25						
11/24/25	SYSTEM CLOSED					
11/25/25	SYSTEM CLOSED					
11/26/25	SYSTEM CLOSED					
11/27/25	SYSTEM CLOSED					
11/28/25	SYSTEM CLOSED					

I certify that the reported information is correct, and I was not permitted or required to work or perform

Employee's Signature

Supervisor's Signature

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

Employee's Name:

Employee Number:

Location:

Pay Period: 11/30/25-12/06/25

DATES	WORK	SICK	HOLIDAY	VACATION	PERSONAL	OTHER
12/01/25						
12/02/25						
12/03/25						
12/04/25						
12/05/25						

I certify that the reported information is correct, and I was not permitted or required to work or perform

Employee's Signature

Supervisor's Signature

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

Employee's Name:

Employee Number:

Location:

Pay Period: 12/07/25-12/27/25

DATES	WORK	SICK	HOLIDAY	VACATION	PERSONAL	OTHER
12/08/25						
12/09/25						
12/10/25						
12/11/25						
12/12/25						
12/15/25						
12/16/25						
12/17/25						
12/18/25						
12/19/25	SYSTEM CLOSED					
12/22/25	SYSTEM CLOSED					
12/23/25	SYSTEM CLOSED					
12/24/25	SYSTEM CLOSED					
12/25/25	SYSTEM CLOSED					
12/26/25	SYSTEM CLOSED					

I certify that the reported information is correct, and I was not permitted or required to work or perform

Employee's Signature

Supervisor's Signature

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

Employee's Name:

Employee Number:

Location:

Pay Period: 12/28/25-1/17/26

DATES	WORK	SICK	HOLIDAY	VACATION	PERSONAL	OTHER
12/29/25	SYSTEM CLOSED					
12/30/25	SYSTEM CLOSED					
12/31/25	SYSTEM CLOSED					
01/01/26	SYSTEM CLOSED					
01/02/26						
01/05/26						
01/06/26						
01/07/26						
01/08/26						
01/09/26						
01/12/26						
01/13/26						
01/14/26						
01/15/26						
01/16/26						

I certify that the reported information is correct, and I was not permitted or required to work or perform

Employee's Signature

Supervisor's Signature

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

Employee's Name:

Employee Number:

Location:

Pay Period: 1/18/26-1/31/26

DATES	WORK	SICK	HOLIDAY	VACATION	PERSONAL	OTHER
01/19/26	SYSTEM CLOSED					
01/20/26						
01/21/26						
01/22/26						
01/23/26						
01/26/26						
01/27/26						
01/28/26						
01/29/26						
01/30/26						

I certify that the reported information is correct, and I was not permitted or required to work or perform

Employee's Signature

Supervisor's Signature

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

Employee's Name:

Employee Number:

Location:

Pay Period: 2/01/26-2/14/26

DATES	WORK	SICK	HOLIDAY	VACATION	PERSONAL	OTHER
02/02/26						
02/03/26						
02/04/26						
02/05/26						
02/06/26						
02/09/26						
02/10/26						
02/11/26						
02/12/26						
02/13/26						

I certify that the reported information is correct, and I was not permitted or required to work or perform

Employee's Signature

Supervisor's Signature

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

Employee's Name:

Employee Number:

Location:

Pay Period: 2/15/26-2/28/26

DATES	WORK	SICK	HOLIDAY	VACATION	PERSONAL	OTHER
02/16/26						
02/17/26						
02/18/26						
02/19/26						
02/20/26						
02/23/26						
02/24/26						
02/25/26						
02/26/26						
02/27/26						

*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
SALARIED EMPLOYEES WORK RECORD**

Employee's Name:

Employee Number:

Location:

Pay Period: 3/01/26-3/21/26

DATES	WORK	SICK	HOLIDAY	VACATION	PERSONAL	OTHER
03/02/26						
03/03/26						
03/04/26						
03/05/26						
03/06/26						
03/09/26	SYSTEM CLOSED					
03/10/26	SYSTEM CLOSED					
03/11/26	SYSTEM CLOSED					
03/12/26	SYSTEM CLOSED					
03/13/26	SYSTEM CLOSED					
03/16/26						
03/17/26						
03/18/26						
03/19/26						
03/20/26						

I certify that the reported information is correct, and I was not permitted or required to work or perform

Employee's Signature

Supervisor's Signature

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

Employee's Name:

Employee Number:

Location:

Pay Period: 3/22/26-4/04/26

DATES	WORK	SICK	HOLIDAY	VACATION	PERSONAL	OTHER
03/23/26						
03/24/26						
03/25/26						
03/26/26						
03/27/26						
03/30/26						
03/31/26						
04/01/26						
04/02/26						
04/03/26	SYSTEM CLOSED					

I certify that the reported information is correct, and I was not permitted or required to work or perform

Employee's Signature

Supervisor's Signature

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

Employee's Name:

Employee Number:

Location:

Pay Period: 4/05/26-4/18/26

DATES	WORK	SICK	HOLIDAY	VACATION	PERSONAL	OTHER
04/06/26						
04/07/26						
04/08/26						
04/09/26						
04/10/26						
04/13/26						
04/14/26						
04/15/26						
04/16/26						
04/17/26						

I certify that the reported information is correct, and I was not permitted or required to work or perform

Employee's Signature

Supervisor's Signature

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

Employee's Name:

Employee Number:

Location:

Pay Period: 04/19/26-05/02/26

DATES	WORK	SICK	HOLIDAY	VACATION	PERSONAL	OTHER
04/20/26						
04/21/26						
04/22/26						
04/23/26						
04/24/26						
04/27/26						
04/28/26						
04/29/26						
04/30/26						
05/01/26						

I certify that the reported information is correct, and I was not permitted or required to work or perform

Employee's Signature

Supervisor's Signature

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

Employee's Name:

Employee Number:

Location:

Pay Period: 05/03/26-05/09/26

DATES	WORK	SICK	HOLIDAY	VACATION	PERSONAL	OTHER
05/04/26						
05/05/26						
05/06/26						
05/07/26						
05/08/26						

I certify that the reported information is correct, and I was not permitted or required to work or perform

Employee's Signature

Supervisor's Signature

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

Employee's Name:

Employee Number:

Location:

Pay Period: 05/10/26-05/23/26

DATES	WORK	SICK	HOLIDAY	VACATION	PERSONAL	OTHER
05/11/26						
05/12/26						
05/13/26						
05/14/26						
05/15/26						
05/18/26						
05/19/26						
05/20/26						
05/21/26						
05/22/26						

*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
SALARIED EMPLOYEES WORK RECORD**

Employee's Name:

Employee Number:

Location:

Pay Period: 5/24/26-06/13/26

DATES	WORK	SICK	HOLIDAY	VACATION	PERSONAL	OTHER
05/25/26	SYSTEM CLOSED					
05/26/26						
05/27/26						
05/28/26						
05/29/26						
06/01/26						
06/02/26						
06/03/26						
06/04/26						
06/05/26						
06/08/26						
06/09/26						
06/10/26						
06/11/26						
06/12/26						

I certify that the reported information is correct, and I was not permitted or required to work or perform

Employee's Signature

Supervisor's Signature

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

Employee's Name:

Employee Number:

Location:

Pay Period: 06/14/26-06/30/26

DATES	WORK	SICK	HOLIDAY	VACATION	PERSONAL	OTHER
06/15/26						
06/16/26						
06/17/26						
06/18/26						
06/19/26						
06/22/26						
06/23/26						
06/24/26						
06/25/26						
06/26/26						
06/29/26						
06/30/26						

I certify that the reported information is correct, and I was not permitted or required to work or perform

Employee's Signature

Supervisor's Signature