

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

Employee's Name:

Employee Number:

Location:

Pay Period: 7/1/26-7/18/26

DATES	WORK	SICK	HOLIDAY	VACATION	PERSONAL	OTHER
07/01/26						
07/02/26						
07/03/26	SYSTEM CLOSED					
07/06/26						
07/07/26						
07/08/26						
07/09/26						
07/10/26						
7/13/2026						
7/14/2026						
7/15/2026						
7/16/2026						
7/17/2026						

*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: 7/19/26-8/1/26

DATES	WORK	SICK	HOLIDAY	VACATION	PERSONAL	OTHER
07/20/26						
07/21/26						
07/22/26						
07/23/26						
07/24/26						
07/27/26						
07/28/26						
07/29/26						
07/30/26						
07/31/26						

*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: 8/2/26-8/15/26

DATES	WORK	SICK	HOLIDAY	VACATION	PERSONAL	OTHER
08/03/26						
08/04/26						
08/05/26						
08/06/26						
08/07/26						
08/10/26						
08/11/26						
08/12/26						
08/13/26						
08/14/26						

*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: 8/16/26-8/29/26

DATES	WORK	SICK	HOLIDAY	VACATION	PERSONAL	OTHER
08/17/26						
08/18/26						
08/19/26						
08/20/26						
08/21/26						
08/24/26						
08/25/26						
08/26/26						
08/27/26						
08/28/26						

*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: 8/30/26-9/19/26

DATES	WORK	SICK	HOLIDAY	VACATION	PERSONAL	OTHER
08/31/26						
09/01/26						
09/02/26						
09/03/26						
09/04/26						
09/07/26	SYSTEM CLOSED					
09/08/26						
09/09/26						
09/10/26						
09/11/26						
09/14/26						
09/15/26						
09/16/26						
09/17/26						
09/18/26						

*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: 9/20/26-10/3/26

DATES	WORK	SICK	HOLIDAY	VACATION	PERSONAL	OTHER
09/21/26						
09/22/26						
09/23/26						
09/24/26						
09/25/26						
09/28/26						
09/29/26						
09/30/26						
10/01/26						
10/02/26						

*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: 10/4/26-10/17/26

DATES	WORK	SICK	HOLIDAY	VACATION	PERSONAL	OTHER
10/05/26						
10/06/26						
10/07/26						
10/08/26						
10/09/26						
10/12/26						
10/13/26						
10/14/26	SYSTEM CLOSED					
10/15/26	SYSTEM CLOSED					
10/16/26	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
SALARIED EMPLOYEES WORK RECORD**

Employee's Name:

Employee Number:

Location:

Pay Period: 10/18/26-10/31/26

DATES	WORK	SICK	HOLIDAY	VACATION	PERSONAL	OTHER
10/19/26						
10/20/26						
10/21/26						
10/22/26						
10/23/26						
10/26/26						
10/27/26						
10/28/26						
10/29/26						
10/30/26						

*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: 11/1/26-11/14/26

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

*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: 11/15/26-11/28/26

DATES	WORK	SICK	HOLIDAY	VACATION	PERSONAL	OTHER
11/16/26						
11/17/26						
11/18/26						
11/19/26						
11/20/26						
11/23/26	SYSTEM CLOSED					
11/24/26	SYSTEM CLOSED					
11/25/26	SYSTEM CLOSED					
11/26/26	SYSTEM CLOSED					
11/27/26	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
SALARIED EMPLOYEES WORK RECORD**

Employee's Name:

Employee Number:

Location:

Pay Period: 11/29/26-12/12/26

DATES	WORK	SICK	HOLIDAY	VACATION	PERSONAL	OTHER
11/30/26						
12/01/26						
12/02/26						
12/03/26						
12/04/26						
12/07/26						
12/08/26						
12/09/26						
12/10/26						
12/11/26						

*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: 12/13/26-1/2/27

DATES	WORK	SICK	HOLIDAY	VACATION	PERSONAL	OTHER
12/14/26						
12/15/26						
12/16/26						
12/17/26						
12/18/26						
12/21/26	SYSTEM CLOSED					
12/22/26	SYSTEM CLOSED					
12/23/26	SYSTEM CLOSED					
12/24/26	SYSTEM CLOSED					
12/25/26	SYSTEM CLOSED					
12/28/26	SYSTEM CLOSED					
12/29/26	SYSTEM CLOSED					
12/30/26	SYSTEM CLOSED					
12/31/26	SYSTEM CLOSED					
01/01/27	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
SALARIED EMPLOYEES WORK RECORD**

Employee's Name:

Employee Number:

Location:

Pay Period: 1/3/27-1/16/27

DATES	WORK	SICK	HOLIDAY	VACATION	PERSONAL	OTHER
01/04/27						
01/05/27						
01/06/27						
01/07/27						
01/08/27						
01/11/27						
01/12/27						
01/13/27						
01/14/27						
01/15/27						

*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: 1/17/27-1/30/27

DATES	WORK	SICK	HOLIDAY	VACATION	PERSONAL	OTHER
01/18/27	SYSTEM CLOSED					
01/19/27						
01/20/27						
01/21/27						
01/22/27						
01/25/27						
01/26/27						
01/27/27						
01/28/27						
01/29/27						

*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: 1/31/27-2/13/27

DATES	WORK	SICK	HOLIDAY	VACATION	PERSONAL	OTHER
02/01/27						
02/02/27						
02/03/27						
02/04/27						
02/05/27						
02/08/27						
02/09/27						
02/10/27						
02/11/27						
02/12/27						

*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: 2/14/27-2/27/27

DATES	WORK	SICK	HOLIDAY	VACATION	PERSONAL	OTHER
02/15/27						
02/16/27						
02/17/27						
02/18/27						
02/19/27						
02/22/27						
02/23/27						
02/24/27						
02/25/27						
02/26/27						

*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: 2/28/27-3/13/27

DATES	WORK	SICK	HOLIDAY	VACATION	PERSONAL	OTHER
03/01/27						
03/02/27						
03/03/27						
03/04/27						
03/05/27						
03/08/27						
03/09/27						
03/10/27						
03/11/27						
03/12/27						

*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: 3/14/27-4/3/27

DATES	WORK	SICK	HOLIDAY	VACATION	PERSONAL	OTHER
03/15/27	SYSTEM CLOSED					
03/16/27	SYSTEM CLOSED					
03/17/27	SYSTEM CLOSED					
03/18/27	SYSTEM CLOSED					
03/19/27	SYSTEM CLOSED					
03/22/27						
03/23/27						
03/24/27						
03/25/27						
03/26/27	SYSTEM CLOSED					
3/29/2027						
3/30/2027						
3/31/2027						
4/1/2027						
4/2/2027						

*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: 4/4/27-4/17/27

DATES	WORK	SICK	HOLIDAY	VACATION	PERSONAL	OTHER
04/05/27						
04/06/27						
04/07/27						
04/08/27						
04/09/27						
04/12/27						
04/13/27						
04/14/27						
04/15/27						
04/16/27						

*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: 4/18/27-5/1/27

DATES	WORK	SICK	HOLIDAY	VACATION	PERSONAL	OTHER
04/19/27						
04/20/27						
04/21/27						
04/22/27						
04/23/27						
04/26/27						
04/27/27						
04/28/27						
04/29/27						
04/30/27						

*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: 5/2/27-5/15/27

DATES	WORK	SICK	HOLIDAY	VACATION	PERSONAL	OTHER
05/03/27						
05/04/27						
05/05/27						
05/06/27						
05/07/27						
05/10/27						
05/11/27						
05/12/27						
05/13/27						
05/14/27						

*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: 5/16/27-5/29/27

DATES	WORK	SICK	HOLIDAY	VACATION	PERSONAL	OTHER
05/17/27						
05/18/27						
05/19/27						
05/20/27						
05/21/27						
05/24/27						
05/25/27						
05/26/27						
05/27/27						
05/28/27						

*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: 5/30/27-6/19/27

DATES	WORK	SICK	HOLIDAY	VACATION	PERSONAL	OTHER
05/31/27	SYSTEM CLOSED					
06/01/27						
06/02/27						
06/03/27						
06/04/27						
06/07/27						
06/08/27						
06/09/27						
06/10/27						
06/11/27						
06/14/27						
06/15/27						
06/16/27						
06/17/27						
06/18/27						

*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: 6/20/27-6/30/27

DATES	WORK	SICK	HOLIDAY	VACATION	PERSONAL	OTHER
06/21/27						
06/22/27						
06/23/27						
06/24/27						
06/25/27						
06/28/27						
06/29/27						
06/30/27						

*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