# JENNINGS COUNTY SCHOOLS
## TIME CARD

NAME: _____

SCHOOL: _____

PAYROLL PERIOD ENDING: _____

| DAY | DATE | IN | OUT | | IN | OUT | | | TOTAL |
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| TOTAL | | | | | | | | | |

If you are absent due to illness, family illness, personal, bereavement, holiday or lost work, Please make a notation on the day in question.

I certify that the above hours are true and reflect actual hours worked.

EMPLOYEE SIGNATURE: _____

SUPERVISOR'S SIGNATURE: _____