Pay Period:

LOC	Name				Soc. Sec. #				-	Job Assignment				
Time Day/Date IN	Time OUT	Day/Date	Time IN	Time OUT	Day/Date	Time IN	Time OUT	Day/Date	Time IN	Time OUT	Day/Date	Time IN	Time OUT	
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Acct. # to	be paid fr	om:												
Employee Signatu	· • ·						Annro	val Signatu	ro.					
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Form 215														
Washington County S	chool Distric	t	INDI	/IDUAL T	IME and ATT	ENDAN	CE REPC	RT	P	ay Period:				
LOC	Name					Soc. Sec. #					Job Assigi	nment		
Time	Time				Time Time				Time	Time	0007 (33igi	Time	Time	
Day/Date IN	OUT	Day/Date	Time IN	OUT	Day/Date	IN	OUT	Day/Date	IN	OUT	Day/Date	IN	OUT	
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Employee Signature:

Form 215

Approval Signature: