LOC	Name			Soc. Sec. #				Job Assignment				
Day/Date IN	Time OUT D	Time IN	Time	Day/Date	Time	Time	Day/Date	Time Tir	me JT	Day/Date	Time IN	Time
Acct. # to be paid from:  Employee Signature:  Approval Signature:												
Form 215  Washington County School District INDIVIDUAL TIME and ATTENDANCE REPORT Pay Period:												
LOC	Name			Soc. Sec. #				Job Assignment				
Day/Date IN	Time OUT D	ay/Date Time IN	Time	Day/Date	Time	Time OUT	Day/Date	Time Tir	me	Day/Date	Time IN	Time
Acct. # to	Acct. # to be paid from:											

Employee Signature:	Approval Signature:
Form 215	