

SBISD SPORT CAMPS

CAMPUS _____

Week of : _____

				OFFICE USE ONLY	
	DATE	TIME IN	TIME OUT		
Name _____					
Employee ID _____					
Position SUPERVISOR / WORKER					
Signature _____					
Name _____					
Employee ID _____					
Position SUPERVISOR / WORKER					
Signature _____					
Name _____					
Employee ID _____					
Position SUPERVISOR / WORKER					
Signature _____					
Name _____					
Employee ID _____					
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Position SUPERVISOR / WORKER					
Signature _____					
Name _____					
Employee ID _____					
Position SUPERVISOR / WORKER					
Signature _____					
Name _____					
Employee ID _____					
Position SUPERVISOR / WORKER					
Signature _____					
				TOTAL	