

CLINT INDEPENDENT SCHOOL DISTRICT

Workshop Name	e:
Presenter Name:	
Start Time:	End Time:

LAST 4 DIGITS SSN	LAST NAME	FIRST NAME	LOCATION	TIME IN	TIME	INITIAL	TIME IN	TIME	SIGNATURE	TOTAL HOURS	PAY	TOTAL DUE
חופון פ פון				IN	001	LUNCH	IIN	001		HOURS	KAIE	DUE