WORK LOCATION: _____.

PAY PERIOD: ___/___/__TO___/___/___.

THE SCHOOL BOARD OF MIAMI-DADE COUNTY, FLORIDA

FOOD SERVICE EMERGENCY SHELTER PAYROLL RECORD
DAILY PAYROLL ATTENDANCE SHEET
(ATTACHMENT B)

EMPLOYEE NAME	PERSON ID	PERS. ASSIGN.	FRI		SAT		SUN		MON		TUE		WED		THU		FRI		SAT		SUN		MON		TUE		WED		THU		TOTAL TIME
			IN / OUT	TOTAL	IN / OUT	TOTAL	IN / OUT	TOTAL	IN / OUT	TOTAL	IN / OUT	TOTAL	IN / OUT	TOTAL	IN / OUT	TOTAL	IN / OUT	TOTAL	IN / OUT	TOTAL	IN / OUT	TOTAL	IN / OUT	TOTAL	IN / OUT	TOTAL	IN / OUT	TOTAL	IN / OUT	TOTAL	