Houston Community College
Payroll Department
EMPLOYEE SIGN IN SHEET

Employee Name: _____ (Please print)   **Employee ID:** _____

	DATE	START OF DAY IN	MEAL	IN	(OTHER) OUT	(OTHER) IN
MONDAY		☐AM ☐PM	☐AM ☐PM	☐AM ☐PM	☐AM ☐PM	☐A ☐P
TUESDAY		☐AM ☐PM	☐AM ☐PM	☐AM ☐PM	☐AM ☐PM	☐A ☐P
WEDNESDAY		☐AM ☐PM	☐AM ☐PM	☐AM ☐PM	☐AM ☐PM	☐A ☐P
THURSDAY		☐AM ☐PM	☐AM ☐PM	☐AM ☐PM	☐AM ☐PM	☐A ☐P
FRIDAY		☐AM ☐PM	☐AM ☐PM	☐AM ☐PM	☐AM ☐PM	☐A ☐P
SATURDAY		☐AM ☐PM	☐AM ☐PM	☐AM ☐PM	☐AM ☐PM	☐A ☐P
SUNDAY		☐AM ☐PM	☐AM ☐PM	☐AM ☐PM	☐AM ☐PM	☐A ☐P

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SUNDAY		☐AM ☐PM	☐AM ☐PM	☐AM ☐PM	☐AM ☐PM	☐A ☐P

_____   GroupID   _____   S