TEC Network

Weekly Sign-In / Sign-Out Sheet

Please note the following in the comments: Sick Day, Personal Day, Holiday, School Vacation, or Snow Day.

Program Name:

Supervising Teacher Signature:

Send to Your Program Director Bi-Weekly

Date:	Day: MONDAY		
Name	Time In	Time Out	Comments

Date:	Day: TUESDAY		
Name	Time In	Time Out	Comments

Date:	Day: WEDNESDAY		
Name	Time In	Time Out	Comments

Date:	Day: THURSDAY		
Name	Time In	Time Out	Comments

Date:	Day: FRIDAY		
Name	Time In	Time Out	Comments