

CCISD EMPLOYEE TIME CARD

BI-WEEKLY FROM: _____

TO: _____

Timesheet needs to be submitted to the Supervisor by **Noon on Monday following the pay period end** for approval.

Supervisors are to submit the timesheet to the Business Office by Noon on Tuesday following the pay period end date.

	MONTH	DAY	REGULAR Hrs./Min.	OT Hrs./Min.	BUS AIDE Hrs./Min.	BUS AIDE OT Hrs./Min.	DRIVER Hrs./Min.	DRIVER OT Hrs./Min.	OTHER _____ Hrs./Min.
MONDAY									
TUESDAY									
WEDNESDAY									
THURSDAY									
FRIDAY									
SATURDAY									
MONDAY									
TUESDAY									
WEDNESDAY									
THURSDAY									
FRIDAY									
SATURDAY									

TOTALS									
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FOR OFFICE USE ONLY		
Hours	OT	Account #
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	TOTALS

Employee Name: _____
Please Print Legibly

Employee Signature: _____

Date: _____

Supervisor Approval: _____