

CENTER INDEPENDENT SCHOOL DISTRICT EMPLOYEE TIME SHEET

ALL PORTIONS OF THIS TIME SHEET MUST BE COMPLETED AND THE FORM SIGNED BEFORE PAYMENT WILL BE ISSUED

NAME: _____

CAMPUS/ASSIGNMENT: _____

EMPLOYEE ID: _____

PAY PERIOD: _____

DAY	DATE	TIME		TOTAL	DATE	TIME		TOTAL	DATE	TIME		TOTAL	DATE	TIME		TOTAL	DATE	TIME		TOTAL				
		IN	OUT			IN	OUT			IN	OUT			IN	OUT			IN	OUT					
MONDAY																								
TUESDAY																								
WEDNESDAY																								
THURSDAY																								
FRIDAY																								
SATURDAY																								
SUNDAY																								
TOTAL REGULAR HOURS					TOTAL REGULAR HOURS					TOTAL REGULAR HOURS					TOTAL REGULAR HOURS					TOTAL REGULAR HOURS				
TOTAL OVERTIME HOURS					TOTAL OVERTIME HOURS					TOTAL OVERTIME HOURS					TOTAL OVERTIME HOURS					TOTAL OVERTIME HOURS				

EMPLOYEE SIGNATURE

TOTAL OVERTIME HOURS: _____

NOTES: _____

RATE: _____

OVERTIME PAY: _____

SUPERVISOR SIGNATURE

DISTRIBUTION CODE: _____
(OFFICE USE ONLY)