

Northeast BOCES Time Card

Employee: _____

Beginning Date: _____

Position Held: _____

Ending Date: _____

IF A DAY WAS NOT WORKED DUE TO A DISTRICT/BOCES SNOW DAY, PLEASE INDICATE AS A SNOW DAY

Time is figured in QUARTER HOUR increments (e.g. .25, .5, .75, 1)

Week 1

Day of week	Monday	Tuesday	Wednesday	Thursday	Friday	Week's Total
Date						
Start Time						
Lunch						
Stop Time						
Total Hours						

Week 2

Day of week	Monday	Tuesday	Wednesday	Thursday	Friday	Week's Total
Date						
Start Time						
Lunch						
Stop Time						
Total Hours						

Week 3

Day of week	Monday	Tuesday	Wednesday	Thursday	Friday	Week's Total
Date						
Start Time						
Lunch						
Stop Time						
Total Hours						

Week 4

Day of week	Monday	Tuesday	Wednesday	Thursday	Friday	Week's Total
Date						
Start Time						
Lunch						
Stop Time						
Total Hours						

Week 5

Day of week	Monday	Tuesday	Wednesday	Thursday	Friday	Week's Total
Date						
Start Time						
Lunch						
Stop Time						
Total Hours						

At \$ _____ per hr

Total Monthly Hours	
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Signature - Project Director

Employee Signature

Employee Address