

# Classified Employee Time Card

<b>Name:</b>	<b>From (Mon/Day/Yr):</b>	
<b>Classification:</b>	<b>To (Mon/Day/Yr):</b>	
	<b>Dept/School:</b>	

**Payroll period is from the 11<sup>th</sup> to the 10<sup>th</sup> of each month. Please turn in your time card to your supervisor for approval & signature on the 10<sup>th</sup> of each month. This must be correct to be valid.**

Date	Scheduled	Leave Time	Extra Hrs	Total Hrs Worked	Enter the Type of Leave Time Taken and/or an Explanation of the Extra Hrs. Worked
	Contract Hours	Taken	Worked	(minus 1/2 hr lunch break)	Supervisors: Initial extra hours worked and provide the program code.
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
<b>Total</b>		0.00	0.00	0.00	
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
<b>Total</b>		0.00	0.00	0.00	
<b>Both Totals</b>		<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

**I certify the following is an accurate record of time worked. Time sheets should be posted daily for accuracy. All hours beyond contracted per week must have prior authorization of the Supervisor.**