

Classified Employee Time Card

Name: Print Full Legal Name	From (Mon/Day/Yr):	4/11/2023
Classification:	To (Mon/Day/Yr):	5/10/2023
Sped Para Pro	Dept/School:	SME

Payroll period is from the 11th to the 10th of each month. Please turn in your time card to your supervisor for approval & signature on the 10th 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 Supervisors: Initial extra hours worked and provide the program code.
	Contract Hours	Taken	Worked	(minus 1/2 hr lunch break)	
11	7:30-3:15		0.5	7.75	LATE BUS SUPERVISION - 9900
12	7:30-3:15			7.25	
13	7:30-3:15			7.25	
14	7:30-3:15	7.25		0	Jury Duty (this will not be deducted from your time off balance)
15					
16					
17	7:30-3:15			7.25	LATE START
18	7:30-3:15			7.25	
19	7:30-3:15			7.25	
20	7:30-3:15			7.25	
21	7:30-3:15			7.25	EARLY RELEASE
22					
23					
24	7:30-3:15	1.00	2	8.25	(1) - PERSONAL / (2) 21st CENTURY 5225
25	7:30-3:15			7.25	
26	7:30-3:15			7.25	
27	7:30-3:15			7.25	
28	7:30-3:15	7.25		0	APPOINTMENT
29					
30					
31					
Total		15.50	2.50	88.50	
1	7:30-3:15			7.25	SNOW MAKE UP DAY
2	7:30-3:15			7.25	
3	7:30-3:15			7.25	
4	7:30-3:15			7.25	
5	7:30-3:15			7.25	SUBBED FOR (FULL TEACHER NAME) 9am-2pm
6					
7					
8	7:30-3:15			7.25	SUBBED FOR (FULL TEACHER NAME) All Day
9	7:30-3:15			7.25	
10	7:30-3:15			7.25	
Total		0.00	0.00	58.00	
Both Totals		15.50	2.50	146.50	

PLEASE SIGN & DATE ON OR AFTER YOUR LAST WORKING DAY

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.