

McALLEN INDEPENDENT SCHOOL DISTRICT Monthly Payroll Time Report

Name: _____
Last
First
M.I.
EIN

Pay Period Beginning _____ Ending _____ Campus _____

DATE	DAY	IN	A.M.	OUT	IN	P.M.	OUT	TOTAL	Reason for Extra Duty
	Saturday								
	Sunday								
	Monday								
	Tuesday								
	Wednesday								
	Thursday								
	Friday								

WORKWEEK TOTAL								TOTAL	Reason for Extra Duty
DATE	DAY	IN	OUT	IN	OUT				
	Saturday								
	Sunday								
	Monday								
	Tuesday								
	Wednesday								
	Thursday								
	Friday								

WORKWEEK TOTAL								TOTAL	Reason for Extra Duty
DATE	DAY	IN	OUT	IN	OUT				
	Saturday								
	Sunday								
	Monday								
	Tuesday								
	Wednesday								
	Thursday								
	Friday								

WORKWEEK TOTAL								TOTAL	Reason for Extra Duty
DATE	DAY	IN	OUT	IN	OUT				
	Saturday								
	Sunday								
	Monday								
	Tuesday								
	Wednesday								
	Thursday								
	Friday								

WORKWEEK TOTAL								TOTAL	Reason for Extra Duty
DATE	DAY	IN	OUT	IN	OUT				
	Saturday								
	Sunday								
	Monday								
	Tuesday								
	Wednesday								
	Thursday								
	Friday								

WORKWEEK TOTAL _____

NOTE: All Sec., Clerks and Aides Must Record Their Time Daily
Time Report Should Be Sent to Payroll at End of Each Month

SIGNATURE OF EMPLOYEE

DATE

SIGNATURE AND TITLE OF ADM/SUPV

DATE