

# TIME CARD

FORT WORTH INDEPENDENT SCHOOL DISTRICT

Employee's Name \_\_\_\_\_

Campus or Department \_\_\_\_\_

Employee ID Number \_\_\_\_\_

Week Beginning and Ending \_\_\_\_\_

Total Hours Worked \_\_\_\_\_

DAY OF WEEK	PLEASE CIRCLE	Lunch				Other		JOB NUMBER	TOTAL FOR DAY	EXPLANATION
		IN	OUT	IN	OUT	IN	OUT			
SAT.	AM-PM									
SUN.	AM-PM									
MON.	AM-PM									
TUES.	AM-PM									
WED.	AM-PM									
THUR.	AM-PM									
FRI.	AM-PM									

I hereby certify that to the best of my information, knowledge, and belief the above time schedule is correct.

\*\*The timecard entries have been made by the undersigned and I hereby certify that the time indicated is correct.

I authorize the following Budget to be used for this time:

\*\*I further acknowledge that the wages earned may be as a result of working in supplemental assignments under special revenue funds or state compensatory education funds.

Budget # \_\_\_\_\_

\_\_\_\_\_  
Principal, Supervisor, Department Head

\_\_\_\_\_  
Employee's Signature - Location