

# CARRIZO SPRINGS CONSOLIDATED INDEPENDENT SCHOOL DISTRICT

## MONTHLY TIME SHEET

*(NOTE: This card must be turned in for authorization before payment can be made)*

EMPLOYEE:   
 POSITION:   
 WRK PERFORMED:   
 PAY PERIOD START:  (date)

DEPARTMENT:   
 CAMPUS:   
 PAY PERIOD END:  (date)

	DATES	SUNDAY		MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY		SATURDAY		TOTAL HOURS	
		IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT	REG HRS	OT HRS
WK 1																	
WK 2																	
WK 3																	
WK 4																	
WK 5																	

ACCOUNT NUMBER:

<i>TOTALS</i>		
<i>RATE OF PAY</i>	\$	
<i>TOTAL AMOUNT DUE</i>	\$	

**I, the undersigned, certify that this is a true and accurate record of my work time for the above mentioned period.**

EMPLOYEE SIGNATURE:   
 SUPERVISOR SIGNATURE:   
 EXEC DIR SIGNATURE:   
 SUPT. SIGNATURE:

DATE:   
 DATE:   
 DATE:   
 DATE: