CCISD EMPLOYEE TIME CARD

BI-WEEKLY FROM: TO:

	MONTH	DAY	REGULAR Hrs./Min.	OT Hrs./Min.	BUS AIDE Hrs./Min.	BUS AIDE OT Hrs./Min.	DRIVER Hrs./Min.	DRIVER OT Hrs./Min.	OTHER Hrs./Min.
MONDAY									
TUESDAY									
WEDNESDAY									
THURSDAY									
FRIDAY									
SATURDAY									
MONDAY									
TUESDAY									
WEDNESDAY									
THURSDAY									
FRIDAY									
SATURDAY									
TOTALS									

FOR OFFICE USE ONLY

Hours	OT	Account #
		TOTALS

REVISED 8/2016

Employee Name: _____
Please Print Legibly

Employee Signature: _____

Date: _____

Supervisor Approval: _____