

**TIME  
MANAGEMENT  
REPORT**

From: \_\_\_\_\_ To: \_\_\_\_\_  
 Employee Name: \_\_\_\_\_  
 Job Title: **Name** Location: **Lo**

**USBE Extended Year Contract Days**  
 This timecard example is for Special Education Teachers, Hearing Specialists, Vision Specialists, Adapted PE Teachers and Speech Language Pathologists only.  
 School Psychologists, Audiologists, OTs and PTs please see the other time card sample. USBE's Extended Year contract days are not available for this group of professionals.

		CLASSIFIED COMP TIME	
of	Used	Hours Used	Hours Earned

WEEK	Mon	Tues	Wed	Thurs	Fri
<b>Date</b>	/	/	/	/	/
Prog. #					
Prog. #					
Prog. #					
<b>Date</b>	/	/	/	/	/
Prog. #					
Prog. #					
Prog. #					
<b>Date</b>	/	/	/	/	/
Prog. #					
Prog. #					
Prog. #					
<b>Date</b>	/	/	/	/	/
Prog. #					
Prog. #					
Prog. #					
<b>Date</b>	/	/	/	/	/
Prog. #					
Prog. #					
Prog. #					

The demographic information is shown on your time card.

**Do Not Fill Out**

Make sure your time card is correct before submitting it so your payment won't be delayed or refused!!

You and your principal have signed the time card

		Total Leave Used:	
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Time is entered as at least 7.5 hours for a full day or 3.75 hours for a half day

EXTRA DUTY and MISCELLANEOUS PAYROLL REPORT		
Month/Day	Description	Extra Hours Worked
DATE	Legislative Days	7.5
DATE	Legislative Days	7.5
DATE	Legislative Days	7.5
DATE	Legislative Days	3.75
Total Extra Duty:		Total

Leave Codes		Classified Comp Time Record	
VAC = Vacation	LWP = Leave Without Pay	Carry Over From Last Reporting Period	
	CD = Civic Duty	- or + Total Hrs. For This Reporting Period	- +
	SD = Staff Development	Comp Time Balance:	
	MIL = Military		

This card is the original and correct time record and certifies all hours have been correctly reported for the period covered.

Total Hrs. Worked by Program	Prog. #	
	Prog. #	
	Prog. #	
GRAND TOTAL		

Employee's Signature: \_\_\_\_\_  
 Supervisor's Signature: \_\_\_\_\_