

LODI UNIFIED SCHOOL DISTRICT
Time (Card) Sheet

Name	Employee Id. # (EIN)
Position	Payroll Period (Month)
School/Department	Budget Code (26 Digits)

Name

Date	Time In	Time Out	Lunch/ Dinner Break	Time In	Time Out	Total Hours	Total Days	Name of Absent Employee
Mo. /1								
/2								
/3								
/4								
/5								
/6								
/7								
/8								
/9								
/10								
/11								
/12								
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/22								
/23								
/24								
/25								
/26								
/27								
/28								
/29								
/30								
/31								

\$
 Total Total (Rate of pay)

Employee's Signature _____

Supervisor's Signature _____

Special Projects Authorization _____

IF SPECIAL FUNDING, PLEASE SEND TO AUTHORIZED DEPARTMENTS FOR SIGNATURE. SEND ALL OTHER TIME CARDS TO PAYROLL

DEADLINE" PLEASE SEE THAT ALL TIME CARDS ARE RECEIVED IN THE PAYROLL DEPARTMENT (ESC) BY THE THIRD WORKING DAY FOLLOWING THE 5TH OF THE MONTH.