

All highlighted fields must be completed

## WEEKLY TIMECARD

WEEK OF  TO  ACTIVITY  ACCT CODE

*Example: Title III Tutoring* *i.e. 01002731504413100 or 0000*

APPROVED BY:  (Print Name) *enter w/o spaces: must enter 4-digit misc or zeros*

APPROVED BY: \_\_\_\_\_ (Signature) LOCATION

Last, First (Alpha Order)	MONDAY			TUESDAY			WEDNESDAY			THURSDAY			FRIDAY			HOURS D.O. ONLY	HRLY RATE	TOTAL PAY
	NAME	START	END	TOTAL	START	END	TOTAL	START	END	TOTAL	START	END	TOTAL	START	END			

\* Employee initial by name at end of week  
 \* Approver to verify/sign at end of week and submit to District Office ASAP