

South San Antonio ISD Time Card

Campus _____

Name _____

Employee ID# _____

Department/Grade _____

Week Ending _____

Teacher
 Para-Professional
 Part-Time Employee
 Auxiliary

Day of the Week <small>Month/Day</small>		In	Lunch Out <small>(if applicable)</small>	Lunch In <small>(if applicable)</small>	Out	Daily Total Hours
Sunday	/					
Monday	/					
Tuesday	/					
Wednesday	/					
Thursday	/					
Friday	/					
Saturday	/					
Total Hours Worked						

OFFICE USE ONLY Total Due: \$

Budget Code (only required if paying supplemental/extra duty)

Fund	Function	Object	Sub-Object	Organization	Year	Pic	EdSpan
					0		

I certify that to the best of my knowledge the above time schedule is correct.

Employee Signature

Date

Principal/Administrator Signature

Date

Time cards must be submitted no later than 12:00 PM the Monday following the week of services or training are provided.