



CISD Administrative Offices
 P.O. Box 400 Nevada, TX 75173
 (972)843-8400 (972)843-8401 Fax

Supplemental Pay Time Sheet

TRAITS OF A BRAVE: GENEROUS, PASSIONATE, HUMBLE, WISE

Employee Name:	
Work Performed:	What sport if driving bus:
Employee ID # (required):	Building/Department work completed for:

Note: When recording your time, please list actual times worked. Add all hours rounded to the nearest quarter hour in the "Total Hours" box in the right column. (15 min = .25 hours)

Minutes Worked:	Time Reporting Minutes:	Time Reporting Hours:
0 - 7	0	0.00
8 - 22	15	0.25
23 - 37	30	0.50
38 - 52	45	0.75
53 - 60	60	1.00

Please see semi-monthly payroll schedule sheet for reporting period cut off dates.

Day of the Week	Date:	Actual Time Worked:		Date:	Actual Time Worked:		Total Hours
		Start:	End:		Start:	End:	
Total Hrs:							

All timesheets must be signed by both the employee and their supervisor in order to be paid.

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Pay Per Hour/Job: _____ Total Pay Amount: _____

Business Office Only:
 Budget Code: _____