Worthington Schools

EXTENDED DAYS TIME CARD

Employee: _____

Soc. Sec. No. _____   Reg. Scheduled Hrs. _____

Work Location: _____   Position _____

Month: _____   From: _____   To: _____

DATE	IN	OUT	IN	OUT	IN	OUT	HOURS	MIN
SUN								
MON								
TUES								
WED								
THUR								
FRI								
SAT								

TOTAL: _____

Employee Signature: _____

Supervisors Signature: _____

Emp. No.	Payroll code	Reg. Rate	Reg. Hrs.	O.T. Hrs.	Total Pay Regular	Total Pay Overtime

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