## Supervisors Signature: **Employee Signature:** Work Location: Soc. Sec. No. Employee: No. SAT Month: Worthington Schools WED Æ THUR TUES MON SUN Payroll code DATE Z Reg. Rate OUT IN OUT IN OUT From: EXTENDED DAYS TIME CARD Position Reg. Hrs. Reg. Scheduled Hrs. TOTAL: O.T. 0. Total Pay Regular HOURS Total Pay Overti S Z

Soc. Sec. No.	Employee:	Worthington Schools
Reg. Scheduled Hrs.		EXTENDED DAYS TIME CARD

Emp. No.	Superv	Employ		SAT	Æ	THUR	WED	TUES	MON	SUN		Month:	Work L
Payroll code	Supervisors Signature:	Employee Signature:									DATE		Work Location:
	of cr	iture									z		
Reg. Rate	9.										TUO	_ From:	
- T	11										Z	Ä	Pos
Reg. Hrs.											TUO		Position _
ΙO			TOTAL:								Z		
O.T.			<u> </u>								TUO	о: 	
Total Pay Regular											HOURS		
Total Pay Overti											MIN		