

ELMWOOD LOCAL SCHOOLS

TIME CARD

NAME: _____ POSITION: _____ PAY DATE: _____

REGULAR TIME

DATE	TIME IN	TIME OUT	TIME IN	TIME OUT	TIME IN	TIME OUT	TIME IN	TIME OUT	TOTAL TIME
MON. / /									
TUES. / /									
WED. / /									
THUR. / /									
FRI. / /									
SAT. / /									
SUN. / /									
WEEKLY TOTAL									
MON. / /									
TUES. / /									
WED. / /									
THUR. / /									
FRI. / /									
SAT. / /									
SUN. / /									
WEEKLY TOTAL									

** All employees working 6+ hours per day must show a 1/2 hour "lunch" break each day**

OVERTIME

SERVICES/WORK PERFORMED	DATE	TIME IN	TIME OUT	TIME IN	TIME OUT	TOTAL TIME	SUPERVISOR INITIALS

REGULAR HOURS _____

PERSONAL HOURS _____

SICK HOURS _____

VACATION HOURS _____

HOLIDAY HOURS _____

OVERTIME HOURS _____

CALAMITY HOURS _____

CALAMITY HRS WORKED _____

TOTAL HOURS _____

I CERTIFY THAT THIS IS A TRUE AND ACCURATE STATEMENT

EMPLOYEE SIGNATURE: _____

SUPERVISOR SIGNATURE: _____