

Elmwood Local Schools

TIME CARD

Name _____ Position _____

REGULAR TIME

Date	Time In	Time Out	Time In	Time Out	Time In	Time Out	Time In	Time Out	Time In	Time Out	Total Time
Mon. / /											
Tue. / /											
Wed. / /											
Thu. / /											
Fri. / /											
Sat. / /											
Sun. / /											
WEEKLY TOTAL											
Mon. / /											
Tue. / /											
Wed. / /											
Thu. / /											
Fri. / /											
Sat. / /											
Sun. / /											
WEEKLY TOTAL											

** All employees working 6 hours per day or more must show a ½ hour “lunch” break each day

OVERTIME

Job Description	Date	Time In	Time Out	Time In	Time Out	Total Time	Supervisor Initials

Regular Hours _____ Sick Hours _____ Personal Hours _____ Vacation Hours _____ Holiday Hours _____

Overtime Hours _____ Calamity Hours _____ Calamity Hours (actual worked) _____ **Total Hours** _____

I certify that this is a true and accurate statement

Employee Signature

Supervisor Signature

Approved: _____
Superintendent’s Signature