

**TIME CARD**  
**FORT WORTH INDEPENDENT SCHOOL DISTRICT**

Employee's Name

Campus or Department

Employee ID Number

Week Beginning and Ending

DAY OF WEEK	PLEASE CIRCLE	IN	OUT	JOB NUMBER	DAILY TOTAL	TEACHER'S NAME
Saturday	AM - PM					
Sunday	AM - PM					
Monday	AM - PM					
Tuesday	AM - PM					
Wednesday	AM - PM					
Thursday	AM - PM					
Friday	AM - PM					

I hereby certify that to the best of my information, knowledge, and belief the above time schedule is correct.

I authorize the following budget to be used for this time:

Budget Number

Principal, Supervisor, Department Head

Employee's Signature - Location

\*\*The timecard entries have been made by the undersigned and I hereby certify that the time indicated is correct.  
\*\*I further acknowledge that the wage earned may be as a result of working in supplemental assignments under special funds or state compensatory education funds.

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