

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.

**The timecard entries have been made by the undersigned and I hereby certify that the time indicated is correct.

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

**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.

Budget Number

Principal, Supervisor, Department Head

Employee's Signature - Location

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