NAMEN					NAME	DEPT. #							
						PE	RIOD ENI	DING:					
Show hours in	whole and de	ecimal nu	mbers (i.e. 1.25 for 1	hour and 15 m	inutes, 2.5 for 2 ho			or 3 hou	rs 45 minutes)),		
	LUNCH			TOTAL			LUNCH			TOTAL			
DATE	TIME IN	OUT	IN	TIME OUT	HOURS	DATE	TIME IN	OUT	IN	TIME OUT	HOURS		
1007 (1 1001	1						11111			3 /			
										, , , , , , , , , , , , , , , , , , ,			
			20 1 2										
							*						
	·												
			e										
				N									
				·									
											3		
										rand Total Hours			
EMPLOYEE SIGNATURE:					ADMINISTRATOR								
						APPROVAL:							
BUS OFFICE US	E ONLY:			OT HRS.		DEPT#			DEPT N	NAME	RATE		
HOME D	-												
OTHER I	-					·			1				
OTTLEN	-	SAF OADD	10 1107	DETUDATED D	V THE DUE DAT	E, PAYMENT MAY BE	DELAVED TO	NEVE DA	V DEDIC				
	IF II	WIE CAND	19 NO1	NEIUNNED D	I THE DUE DAT	E, PATWIENT WAT DE	DELATED TO	NEAT FA	II FEMIC	iD.			
	•••••												
EMPLOYEE					JOB								
NAME					NAME		D	EPT.#					
			÷			PE	RIOD END	DING:					
Show hours in whole and decimal numbers (i.e. 1.25 for 1 hour a						inutes, 2.5 for 2 ho	urs 30 minute	s, 3.75 fc	or 3 hou	rs 45 minutes)			
		LUNCH		TOTAL			LUNCH			TOTAL			
DATE	TIME IN	OUT	IN	TIME OUT	HOURS	DATE	TIME IN	OUT	IN	TIME OUT	HOURS		
	 												
											V		
·····										·			
F	1 5										C		
•••••									***************************************				
								Gra	nd To	tal Hours			
EMPLOYEE						ADMINISTRAT	TOR .	Gia	iiu io	tai i loui s			
SIGNATURE:					- Marie Carlotte	APPROVAL:							
more than the statement of the statement		REG HR	G HRS. OT HRS.		c	DEPT#	PT#		DEPT# NAME RATE				
HOME D													
											*		
OTHER I	DEPT.						2		,		8		

IF TIME CARD IS NOT RETURNED BY THE DUE DATE, PAYMENT MAY BE DELAYED TO NEXT PAY PERIOD.

JOB

EMPLOYEE