

SAU 88 Time Card

PERIOD ____/____/____ to ____/____/____

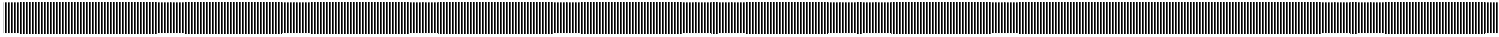
EMPLOYEE # _____

JOB TITLE _____

EMPLOYEE'S NAME _____

Regular Additional Overtime Daily Absence

WEEK
DAY DATE Hours Hours Hours Total Reason* COMMENTS **



Sunday									
Monday									
Tuesday									
Wednesday									
Thursday									
Friday									
Saturday									
TOTAL									



Sunday									
Monday									
Tuesday									
Wednesday									
Thursday									
Friday									
Saturday									
TOTAL									



Pay Date Total

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* When paid for an authorize absence, the reason is noted and an absence report is attached.
 ** Comments are mandatory for any overtime hours listed. O/T is over 40 hrs/week. If this is a time sheet for a substitute, list the individual being replaced. Comments on schedule changes.

Note: If this individual's time (regular, additional, or O/T) is to be reimbursed by an outside agency, list the agency here: _____ and attach an SAU Billhead form to this time sheet.

EMPLOYEE'S SIGNATURE _____

DATE _____

SUPERVISOR'S APPROVAL _____

DATE _____

COMMENTS (continued) _____

This time card is due on the Monday after the end of the pay period.