

LEVELLAND INDEPENDENT SCHOOL DISTRICT



EMPLOYEE NAME: _____
 EMPLOYEE ID: (4 DIGITS) _____
 SCHOOL ASSIGNED: _____

MO	DA	YR	DAY OF WEEK	TIME IN	TIME OUT	HOURS WORKED	TIME IN	TIME OUT	HOURS WORKED	WORK PERFORMED (BE SPECIFIC OF DUTIES)	# OF STUDENTS SERVED
			Monday								
			Tuesday								
			Wednesday								
			Thursday								
			Friday								
			Saturday								
						TOTAL HOURS FOR WEEK					

HR.RATE _____
 ACCT. # _____

Principal/Supervisor Signature _____ Date _____

Central Office Signature _____ Date _____

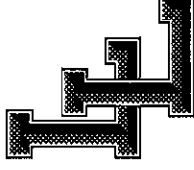
Total overtime hours worked _____
 Total overtime hours paid in cash _____
 Beginning compensatory hours balance _____
 Total compensatory hours accrued _____
 Total compensatory hours used _____
 Ending compensatory hours balance _____
 Beginning vacation days _____
 Total vacation days used _____
 Ending vacation days _____

Employee Signature _____ Date _____

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

LEVELLAND INDEPENDENT SCHOOL DISTRICT

FEDERAL EXTRA DUTY PAY ONLY



**EMPLOYEE NAME: _____

**EMPLOYEE ID: (4 DIGITS) _____

**SCHOOL ASSIGNED: _____

MO	DA	YR	DAY OF WEEK	TIME IN	TIME OUT	HOURS WORKED	TIME IN	TIME OUT	HOURS WORKED	TOTAL	**WORK PERFORMED (BE SPECIFIC OF DUTIES)	** # OF STUDENTS
			Monday									
			Tuesday									
			Wednesday									
			Thursday									
			Friday									
TOTAL HOURS FOR WEEK												

Principal/Supervisor Signature _____ Date _____

FUND _____

HR.RATE _____

ACCT. # _____

Central Office Signature _____ Date _____

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

Employee Signature _____ Date _____

** Must be completed for processing