

Time Card Due by: _____
 Payroll Date: _____

SOUTHWEST INDEPENDENT SCHOOL DISTRICT
 EXTERNAL PROGRAM TIME CARD

Notice: This Card must be turned in to the proper authority before a payment can be made.



**ALL TIME CARDS NEED TO BE PROCESSED WITH A
 PAYROLL MEMO AND STUDENT ATTENDANCE
 ROSTERS, NO EXCEPTIONS**

Name: _____ Pay Rate: _____
 Kronos#: _____ Admin: _____
 Dept/Campus: _____ Class: _____
 Program: _____ Acct Code: _____

Date From:	A.M.		P.M.		Total Hours	Pay Total	Daily Activity
	IN	OUT	IN	OUT			
Date To:							Brief description of daily lesson
MONDAY							
TUESDAY							
WEDNESDAY							
THURSDAY							
FRIDAY							
SATURDAY							
Date From:							Daily Activity Log
Date To:	IN	OUT	IN	OUT	Total Hours	Pay Total	Brief description of daily lesson plan
MONDAY							
TUESDAY							
WEDNESDAY							
THURSDAY							
FRIDAY							
SATURDAY							

I, the undersigned, certify that this is a true and accurate record of my working time for the period above mentioned

Employee Signature: _____ Date: _____
 Supervisor Signature: _____ Date: _____

**Supplemental Agreement forms must be submitted to External Programs prior to time card submission, NO EXCEPTIONS.
 Time cards that are incomplete, incorrect, or missing signatures will not be paid until all information is corrected.**