

NEWARK UNIFIED SCHOOL DISTRICT

Emp ID (No SS#)
REQUIRED FIELD

GREEN

Pay Period:

Employee Name:

CLASSIFIED HOURLY TIME CARD

____ 11, 20 ____ through ____ 10, 20 ____

Date	A. M.		P. M.		Total Hours	Site/Location	Aesop #	Subbing For/Reason	Leave Code	Budget Code							Approval Signature	
	In	Out	In	Out						Fnd-Obj-Resc-Goal-Func-Loc-Mgr- -Opt								
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Total Hours

Time card is due in Payroll, by 4 pm, on the 11th day of the month.
All areas need to be complete in order to be processed.

Payroll Office Use Only

Employee Signature