

McALLEN INDEPENDENT SCHOOL DISTRICT Monthly Payroll Time Report

Name: _____
Last
First
M.I.
EIN

Pay Period Beginning _____ Ending _____ Campus _____

DATE	DAY	IN	A.M. OUT	P.M. OUT	IN	OUT	TOTAL	Reason for Extra Duty
	Saturday							
	Sunday							
	Monday							
	Tuesday							
	Wednesday							
	Thursday							
	Friday							

WORKWEEK TOTAL							TOTAL	Reason for Extra Duty
DATE	DAY	IN	OUT	IN	OUT			
	Saturday							
	Sunday							
	Monday							
	Tuesday							
	Wednesday							
	Thursday							
	Friday							

WORKWEEK TOTAL							TOTAL	Reason for Extra Duty
DATE	DAY	IN	OUT	IN	OUT			
	Saturday							
	Sunday							
	Monday							
	Tuesday							
	Wednesday							
	Thursday							
	Friday							

WORKWEEK TOTAL							TOTAL	Reason for Extra Duty
DATE	DAY	IN	OUT	IN	OUT			
	Saturday							
	Sunday							
	Monday							
	Tuesday							
	Wednesday							
	Thursday							
	Friday							

WORKWEEK TOTAL							TOTAL	Reason for Extra Duty
DATE	DAY	IN	OUT	IN	OUT			
	Saturday							
	Sunday							
	Monday							
	Tuesday							
	Wednesday							
	Thursday							
	Friday							

WORKWEEK TOTAL _____

NOTE: All Sec., Clerks and Aides Must Record Their Time Daily
Time Report Should Be Sent to Payroll at End of Each Month

SIGNATURE OF EMPLOYEE

DATE

SIGNATURE AND TITLE OF ADM/SUPV

DATE