

# Epping School District

213 Main Street  
 Epping, NH 03055  
 603-679-8003

# TIME CARD

Employee Name: \_\_\_\_\_

School/Department: \_\_\_\_\_

Date	Start Time	Lunch/Out	Lunch/In	End Time	Total Hrs	Remarks
Sun.						
Mon.						
Tues.						
Wed.						
Thurs.						
Fri						
Sat.						
<b>WEEKLY TOTAL:</b>						

Date	Start Time	Lunch/Out	Lunch/In	End Time	Total Hrs	Remarks
Sun.						
Mon.						
Tues.						
Wed.						
Thurs.						
Fri.						
Sat.						
<b>WEEKLY TOTAL:</b>						

Notes to Payroll: \_\_\_\_\_  
 \_\_\_\_\_

GRAND TOTAL OF HOURS      REGULAR: \_\_\_\_\_ OVERTIME: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_