Fort McMurray Public Schools

Casual Time Card
Overtime/Additional Hours

Name: _____ **Position:** _____ **Pay Period:** _____

(From - To)

Date Month/Day	Day	Name of *Employee Replaced	School or Department	HOURS					TIME/C AT REQUEST	
				REG	OT	ADD	LEAD HAND	SHIFT	Employee	Employer
	Sunday									
	Monday									
	Tuesday									
	Wednesday									
	Thursday									
	Friday									
	Saturday									
	Sunday									
	Monday									
	Tuesday									
	Wednesday									
	Thursday									
	Friday									
	Saturday									
Total Hours										

_____
Date

_____
Employee's Signature

_____
Supervisor's Signature

_____
Account Code:

Please Note: Automatically charged to school if no employee replaced.