



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.