

**MILLINOCKET SCHOOL DEPARTMENT  
TIME CARD - TWO WEEK PERIOD**

EMPLOYEE NAME: _____								EMPLOYEE SIGNATURE: _____									
WEEK ENDING:								WEEK ENDING:									
	DATE	IN	OUT		IN	OUT	HRS		DATE	IN	OUT		IN	OUT	HRS		
MON.				L				MON.				L					
TUES.				U				TUES.				U					
WED.				N				WED.				N					
THUR.				C				THUR.				C					
FRI.				H				FRI.				H					
							TOTAL								TOTAL		
EXTRA TIME									EXTRA TIME								
MON.								MON.									
TUES.								TUES.									
WED.								WED.									
THUR..								THUR..									
FRI.								FRI.									
							TOTAL								TOTAL		

PRINCIPAL/SUPERVISOR SIGNATURE: \_\_\_\_\_ GRAND TOTAL \_\_\_\_\_

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WEEK ENDING:								WEEK ENDING:									
	DATE	IN	OUT		IN	OUT	HRS		DATE	IN	OUT		IN	OUT	HRS		
MON.				L				MON.				L					
TUES.				U				TUES.				U					
WED.				N				WED.				N					
THUR.				C				THUR.				C					
FRI.				H				FRI.				H					
							TOTAL								TOTAL		
EXTRA TIME									EXTRA TIME								
MON.								MON.									
TUES.								TUES.									
WED.								WED.									
THUR.								THUR.									
FRI.								FRI.									
							TOTAL								TOTAL		

PRINCIPAL/SUPERVISOR SIGNATURE: \_\_\_\_\_ GRAND TOTAL \_\_\_\_\_