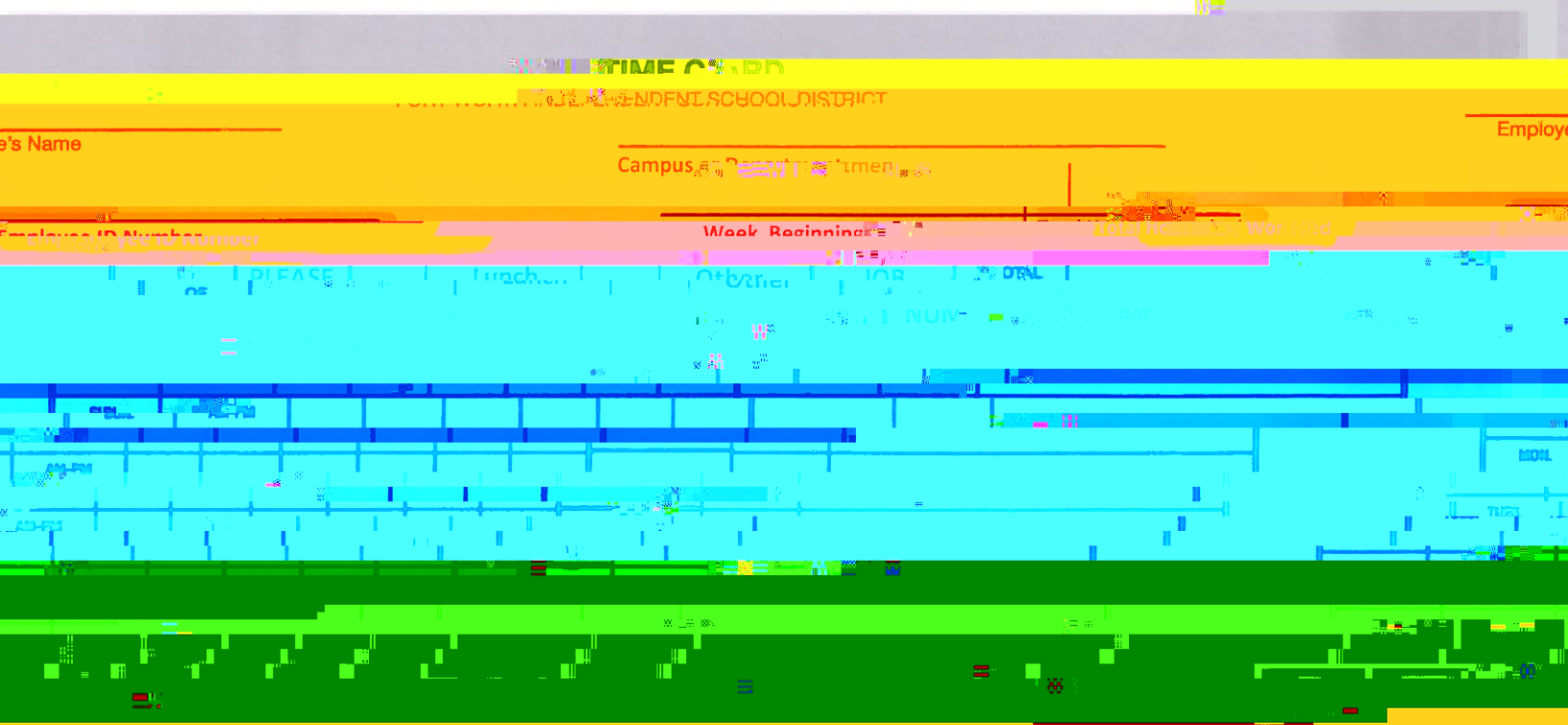

TIME CARD

FORT WORTH INDEPENDENT SCHOOL DISTRICT

e's Name

Employe

Campus or Department

Employee ID Number

Week Beginning

PLEASE

Lunch

Other

JOB

DTAL

OF

NUM

AM-PM

MON

TUE

AM-PM

AM-PM

made by th ed and reby certify that the me indicat

elief the above time schedule is corre

**I further acknowledge that ages earned may be as a result of working in supplement supplementaments

and b

Lauth

ed authorize the following budget to be used for this time.

under sp venu compensat edu on funds.

Budg

ment Head

Employ

Employee's Signature

FORM 100 REV 04-14