

Bi-Weekly Time Card

Name _____
 Pay Period Ending Date (Friday) _____

STIPEND PAYS: _____
 Elem/MS/HS/Athletics/FA

Week 1

Day	Dates		Time		*
	Month	Day	Hours	Qtr Hr.	
Sat					
Sun					
Mon					
Tue					
Wed					
Thur					
Fri					
Total Time					

Enter to the nearest quarter hour (.00 .25 .50 .75)

Week 2

Day	Dates		Time		*
	Month	Day	Hours	Qtr Hr.	
Sat					
Sun					
Mon					
Tue					
Wed					
Thur					
Fri					
Total Time					

*Variance Notes:

Did you incur any injuries on the job? _____
 (It is your responsibility to report the injury within 48 hours to the business office.)

Signature _____
 Date Submitted _____
 Approved by _____

For Office Use Only

Scottsdale Unified Academy

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Week 1

Day	Dates		Time		*
	Month	Day	Hours	Qtr Hr.	
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Total Time					

Enter to the nearest quarter hour (.00 .25 .50 .75)

Week 2

Day	Dates		Time		*
	Month	Day	Hours	Qtr Hr.	
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