

**EDINBURG CONSOLIDATED INDEPENDENT SCHOOL DISTRICT
BIWEEKLY TIME SHEET**

NAME _____ STAFF ID# _____
 CAMPUS _____ PAYDATE _____
 FUND SOURCE _____
 BEGIN DATE _____ END DATE _____

	DATE	IN	OUT	IN	OUT	HOURS	COMMENTS
Saturday							
Sunday							
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							

TOTAL _____

	DATE	IN	OUT	IN	OUT	HOURS	COMMENTS
Saturday							
Sunday							
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							

TOTAL _____

Employee Signature _____ Date _____

Supervisor Signature _____ Date _____