

McAllen Independent School District
Biweekly Payroll Time Sheet

PAY PERIOD BEGINNING _____ ENDING _____

Name: _____
 (Last) (First) (Middle)

EIN: _____

Location: _____

DATE	DAY	IN A.M.	OUT A.M.		IN P.M.	OUT P.M.	TOTAL REG	TOTAL OT	POSITION
	Saturday								
	Sunday								
	Monday								
	Tuesday								
	Wednesday								
	Thursday								
	Friday								

Total Hours _____

DATE	DAY	IN A.M.	OUT A.M.		IN P.M.	OUT P.M.	TOTAL REG	TOTAL OT	POSITION
	Saturday								
	Sunday								
	Monday								
	Tuesday								
	Wednesday								
	Thursday								
	Friday								

Total Hours _____

Employee's Signature _____ Date: _____

Supervisor's Signature _____ Date: _____