

RIDGEWOOD PUBLIC SCHOOLS
EMPLOYEE TIME CARD

Employee Name: _____ For the Week Ending: _____

Date	School	Specific Job(s)	Time In	Time Out	Hours Worked

Total Hours: _____ Hourly Rate: _____ Total Wages: _____

Account Number: _____

Employee Number: _____

Employee Signature: _____ Approved By: _____

Board Approved: ____yes ____no Date of Approval: _____

ALL TIME CARDS MUST BE SUBMITTED BY THE CLOSE OF THE FISCAL YEAR *JUNE 30TH* AND COMPLETED WITH CORRECT REQUIRED INFORMATION. FAILURE TO COMPLY MAY RESULT IN NON PAYMENT.

I do solemnly declare and certify under the penalties of the law that the within time card is correct in all its particulars; that services rendered are as stated therein; that no bonus has been given or received by any person or persons within the knowledge of this claimant in connection with the above claim that the amount therein stated is justly due and owing; and that the amount charges is a reasonable one.