

**TIMECARD FOR HOURLY EMPLOYEES**

Name: \_\_\_\_\_ Employee # \_\_\_\_\_

For the period from \_\_\_\_\_, 20\_\_ To \_\_\_\_\_, 20\_\_ Pay period # \_\_\_\_\_

Date	A.M.		P.M.		TOTAL HRS	Department Worked For:								
	IN	OUT	IN	OUT										
						<b>I HEREBY CERTIFY that I have worked for the PALOVERDE COLLEGE DISTRICT on the days and hours as stated on the timecard.</b>  _____ <b>Signature</b>  _____ <b>Approved – Supervisor’s Signature</b>  RATE _____ AMT. EARNED _____  <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td>PAY PD</td> <td>ADJ CODE</td> <td>JOB CODE</td> <td>INITIALS</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>	PAY PD	ADJ CODE	JOB CODE	INITIALS				
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