

\*\*\*PLEASE PRINT\*\*\*  
**WEST CHESTER AREA SCHOOL DISTRICT**  
**TIME CARD**

Employee I.D. #: \_\_\_\_\_

Budget Code: \_\_\_\_\_

Name: \_\_\_\_\_ Rate (Day/Hour): \_\_\_\_\_  
Last Name First Name Initial

Address: \_\_\_\_\_  
No. Street City State Zip Code

| Date (Mo/D/Yr) | Description (See back for details) | Building Worked In | Time (Day or Reg. Hrs) |
|----------------|------------------------------------|--------------------|------------------------|
| W              |                                    |                    |                        |
| T              |                                    |                    |                        |
| F              |                                    |                    |                        |
| S              |                                    |                    |                        |
| S              |                                    |                    |                        |
| M              |                                    |                    |                        |
| T              |                                    |                    |                        |

TOTAL FOR WEEK

|   |  |  |  |
|---|--|--|--|
| W |  |  |  |
| T |  |  |  |
| F |  |  |  |
| S |  |  |  |
| S |  |  |  |
| M |  |  |  |
| T |  |  |  |

TOTAL FOR WEEK

GRAND TOTAL

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Signature of Immediate Supervisor

\_\_\_\_\_  
Date

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| T              |                                    |                    |                        |
| F              |                                    |                    |                        |
| S              |                                    |                    |                        |
| S              |                                    |                    |                        |
| M              |                                    |                    |                        |
| T              |                                    |                    |                        |

TOTAL FOR WEEK

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|---|--|--|--|
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| M |  |  |  |
| T |  |  |  |

TOTAL FOR WEEK

GRAND TOTAL

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Signature of Immediate Supervisor

\_\_\_\_\_  
Date

**BLUE TIME CARD** - To be used for substitutes and class coverage **OTHER THAN** sick/personal day, etc., and all other Extra Duty

### **DESCRIPTION**

Write in detail the justification for substitute or coverage as follows:

#### **A. Substitute & Class Coverage**

- If substituting, give reason and name of person for whom you are substituting.
- If a teacher is providing class coverage, give reason & name of person for whom you are covering.
- If the above is covering a professional position vacancy, give class and school and send time card to Director of Human Resources.

**B. Homebound Instruction** – Indicate the name of the student receiving instruction.

**C. Federal Programs** – Identify specific program (Chapter 1, Adult Basic Education, etc.)

**D. Supplemental Contract Payments** – Give the type of work such as bus duty, newspaper, yearbook, extended athletic season, etc.

**E. Workshops** – Give the name of the workshop, i.e. Curriculum Writing, Computer Workshop, etc.

**F. Miscellaneous Extra Duty** – List specific extra duty such as IEP's, Peer Coaching, Teacher Induction or Special Project, Extracurricular Athletics, etc.

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