

**BEEVILLE INDEPENDENT SCHOOL DISTRICT**  
**Work Record for Special Programs**

**INSTRUCTIONS:** Teachers or other staff working in Special Programs are to complete this form and submit it to the Supervising Administrator for approval, who then forwards the completed form to the Director of Special Programs prior to the 10<sup>th</sup> of the month.

Employee #	Name	School	Position
Name of Special Program			

Dates Worked			Time Begin	Time Stopped	Total Time		Comments
Mo.	Day	Year			Hours	Minutes	
				Weekly Total			

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Mo.	Day	Year			Hours	Minutes	
				Weekly Total			

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Mo.	Day	Year			Hours	Minutes	
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Dates Worked			Time Begin	Time Stopped	Total Time		Comments
Mo.	Day	Year			Hours	Minutes	
				Weekly Total			

Dates Worked			Time Begin	Time Stopped	Total Time		Comments
Mo.	Day	Year			Hours	Minutes	
				Weekly Total			
				Monthly Total			

I certify that the above time record is correct.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date Submitted

\_\_\_\_\_  
Approved: Supervising Campus Administrator

<b>For Special Programs Office Use Only:</b>	Total Hrs./Mins.(Reg) _____ X _____ (Hr. Rate)= _____
	Total Hrs./Mins.(OT) _____ X _____ (OT Rate)= _____
Employee #	Total amount to be paid _____
20 - _____	
30 - _____	Account Number _____
_____ Approved: Director of Special Programs	