HCISD Federal Programs Office
WEEKLY TIME RECORD
Non-Standard Hourly Employee (NSHE)

PHOTOCOPIES & INCOMPLETE Forms will be returned.

Name of Employee: _____ **Badge#:** _____

Position: _____ **Campus:** _____

Pay Period (00/00/0000– 00/00/0000): _____

Hourly Rate: $_____   **Budget code:** _____

Date	Start Time	End Time	Start Time	End Time	Total Hours
WEEK 1					
WEEK 2					
					TOTAL HOURS:

Pay Rate:_____ X Total Hours:_____ = Total Pay: $_____

_____ _____ _____
Employee Printed Name   **Employee Signature**   **Date**

_____ _____ _____
Administrator Printed Name   **Administrator Signature**   **Date**

_____ _____ _____
Federal Programs Printed Name   **Fed. Prog. Signature**   **Date**

FOR PAYROLL USE ONLY:

Payroll Approved by:_____ **Date:** _____

Rev. 8/22/2022

Any position paid with grant funds shall have a signed job description on fil and will be subject to Time & Effort requirements.