



South Texas College Time Card

For Department Internal Use Only When TimeClock Plus is Not Accessible To Employees

Employee Name: _____
 Department: _____
 Month/Year: _____

Employee ID: _____
 Office Number: _____

Date MM/DD/YY	Day	Time In	Time Out	Supervisor Initials	Time In	Time Out	Supervisor Initials	Time In	Time Out	Supervisor Initials	Total Hours
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/ /	Sunday										

I certify that I did not work overtime hours without prior written approval in accordance with STC's policies. I certify that I did not suffer a work related injury on any day during this work period. The hours submitted for this pay period are a true account of hours worked. In addition, by signing below I understand and agree that each employee at South Texas College granted access to TimeClock Plus, is responsible for his/her use of the information and for safeguarding his/her assigned User ID and password to protect data in the system. User ID and passwords are assigned to individual South Texas College Supervisors/Designees and are not to be shared or passed on to others. Leaving employment will terminate the rights to access TimeClock Plus. I also agree that I must verify the correct punches on my timecard. In addition, I agree that I must submit to my supervisor or designee a BO 7700 form for all corrections made on the online timecard.

Employee Signature: _____
 Date: _____

Supervisor Signature: _____
 Date: _____