

PAYROLL TIME SHEET

PRINT NAME _____

SIGNATURE _____

EMPLOYEE ID# (1XXXX) _____

1st through 10th **OR** 11th through 31st of _____

STUDENT'S INITIALS & SITE LOCATION _____

MONTH & YEAR **WORKED** _____

DATE	WORK HOURS				TOTAL HOURS	DATE	WORK HOURS				TOTAL HOURS	CONFIRMATION NUMBER/ ASSIGNMENT	SITE SIGNATURE
	IN	OUT	IN	OUT			IN	OUT	IN	OUT			
1						17							
2						18							
3						19							
4						20							
5						21							
6						22							
7						23							
8						24							
9						25							
10						26							
11						27							
12						28							
13						29							
14						30							
15						31							
16						Total Hours				Budget Code:			

Please assign budget code and total time (round to the nearest quarter hour / use decimals: 1/4 = .25) at site before submission to payroll.
Only round total hours. Daily total hours should be exact times.

Time sheets without start and end times &/or budget code will be returned to supervisor.

Supervisor's Signature _____ Date _____

District Signature (if required) _____ Date _____

PAYROLL OFFICE USE ONLY					
HOURLY CODE	1 - 10	11 - 31	TOTAL	HOURLY RATE	ACCOUNT CODE