



# Employee Time Sheet

Check One  Classified  Certificated  Student  Retired Specify Type (Student Mark Extra Hrs)

Name PIN  Extra Hrs  Substitute

Address Phone Rate/Hour

City/State Zip

**Months** **Year**

Date	Assignment	Reason	Hrs/days Worked*	Site	Budget Code	Classification	Program Site Administrator Signature
26							
27							
28							
29							
30							
31							
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
24							
25							
<b>Total Hours Worked</b>			<input style="width: 50px;" type="text"/>				

Note- Full and half day recording for Substitute Teachers only (Hours for Preschool and Children Center Teachers)  
 Time is to be recorded in increments of 15 mins. 15 mins=.25, 30 mins=.50, 45 mins=.75, 1hr= 1.0  
 Please submit this timesheet to the Business Office by the 26th of each month.

Employee's Signature  
Per. 1002

Date