

HOURLY TIMESHEET

FULL NAME

EMPLOYEE ID NUMBER

TYPE OF PAY (SSI, TRAINING, ETC.)

CAMPUS/DEPARTMENT

POSITION TO BE FILLED (TEACHER/PARAPROFESSIONAL)

DAY OF THE WEEK	DATE	TIME IN	TIME OUT	TIME IN	TIME OUT	TOTAL HOURS WORKED		SIGNATURE
MONDAY								
TUESDAY								
WEDNESDAY								
THURSDAY								
FRIDAY								

I hereby certify that to the best of my information, knowledge, and belief the above time schedule is correct.

CAMPUS PERSONNEL

PRINCIPAL, SUPERVISOR, DEPARTMENT HEAD, MANAGER

TIMESHEETS WILL NOT BE ACCEPTED UNLESS ALL INFORMATION IS COMPLETED FOR EACH DAY WORKED!

REVISED/05/2014

HOURLY TIMESHEET

FULL NAME

EMPLOYEE ID NUMBER

TYPE OF PAY (SSI, TRAINING, ETC.)

CAMPUS/DEPARTMENT

POSITION TO BE FILLED (TEACHER/PARAPROFESSIONAL)

DAY OF THE WEEK	DATE	TIME IN	TIME OUT	TIME IN	TIME OUT	TOTAL HOURS WORKED		SIGNATURE
MONDAY								
TUESDAY								
WEDNESDAY								
THURSDAY								
FRIDAY								

I hereby certify that to the best of my information, knowledge, and belief the above time schedule is correct.

CAMPUS PERSONNEL

PRINCIPAL, SUPERVISOR, DEPARTMENT HEAD, MANAGER

TIMESHEETS WILL NOT BE ACCEPTED UNLESS ALL INFORMATION IS COMPLETED FOR EACH DAY WORKED!

REVISED/05/2014