

EMPLOYEE TIME SHEET (Effective 8/1/15)

Employee's Name: _____ Social Security Number: Last 4 # _____

Position: _____ Campus: _____

Beginning: _____ Ending: _____

**I HEREBY CERTIFY THAT TO THE BEST OF MY KNOWLEDGE THE TIME DOCUMENTED BELOW IS ACTUAL AND ACCURATE.
I ALSO CERTIFY THAT I WORKED THESE HOURS WILLINGLY AND WAS NOT IN ANY WAY COERCED TO WORK THESE HOURS.**

Employee's Signature

Principal/Supervisor's Signature

RECORD OF HOURS WORKED

	DATE	MORNING		AFTERNOON		NOTES	HOURS
		IN	OUT	IN	OUT		
Sunday							
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							

	DATE	IN	OUT	IN	OUT	IN	OUT	HOURS
Sunday								
Monday								
Tuesday								
Wednesday								
Thursday								
Friday								
Saturday								

Please note that timesheets must be 100% complete and submitted by the payroll deadlines to be processed.
*Timesheets must be turned in no later than 10 days after the end of the month that the work is performed.
Timesheets with work dates older than 30 days will be returned to the employee unpaid.

TOTAL HOURS: _____

PAYRATE: _____

BUDGET CODE: _____ AMT. \$ _____

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