NOVATO UNIFIED SCHOOL DISTRICT

 EMPLOYEE ID #: ______ EMPLOYEE SIGNATURE: ______ MONTH ______ 20 ____

MONTHLY / HOURLY TIMESHEET

TIME	☐ CERTIFICATED ☐ CLASSIFIED: (Select One) ☐ REGULAR PAY ☐ CTO								
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NOTE: Timesheets must be signed by the site administrator. Submit timesheets to the Payroll Department at the District Office by the last day of each month. Keep a copy for your own records. TIMESHEETS RECEIVED AFTER THE DUE DATE WILL NOT BE PROCESSED UNTIL THE NEXT PAY PERIOD Administrator's Signature FOR DISTRICT OFFICE USE: BUDGET CODE: BUDGET CODE: TOTAL HOURS: TOTAL HOURS: TOTAL HOURS:									
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EMPLOYEE NAME: