

NOVATO UNIFIED SCHOOL DISTRICT

MONTHLY / HOURLY TIMESHEET

EMPLOYEE NAME: _____ SITE: _____

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

CERTIFICATED CLASSIFIED: *(Select One)* REGULAR PAY CTO

DATE	TIME IN	LUNCH	TIME OUT	HOURS	REASON	BUDGET CODE
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						
26						
27						
28						
29						
30						
31						

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

Date

FOR DISTRICT OFFICE USE:

BUDGET CODE:		TOTAL HOURS:	
BUDGET CODE:		TOTAL HOURS:	
BUDGET CODE:		TOTAL HOURS:	
BUDGET CODE:		TOTAL HOURS:	

RECEIVED BY DISTRICT OFFICE: _____