

NAME \_\_\_\_\_ SS # \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

Check if new address

HOME PHONE \_\_\_\_\_ WORK SITE \_\_\_\_\_

**Directions: This timesheet is for reporting total hours worked, rounded off to the nearest quarter of an hour.**

Pay Period: \_\_\_\_\_ 20<sup>th</sup> \_\_\_\_\_ thru \_\_\_\_\_ 19<sup>th</sup> \_\_\_\_\_  Employee will pick up check  
 (month) (year) (month) (year) (checks may be picked up on the 10th of the month)

**This time card is due on:**  
**19<sup>th</sup> of the month**, to immediate supervisor; **21<sup>st</sup>**, to division head; **25<sup>th</sup>**, to business office.

I understand that all employment forms (job application, W-4, I-9 Immigration Status, retirement form), and TB and fingerprint clearances must be on file for this time card to be processed. (Teacher substitutes must also have a valid, registered credential on file.)

I hereby certify that the information contained on this form is to my knowledge true and accurate.

EMPLOYEE'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

APPROVED \_\_\_\_\_ DATE \_\_\_\_\_

Supervisor's signature

DATE	HOURS WORKED	POSITION/EMPLOYEE SUBSTITUTING FOR	DATE	HOURS WORKED	POSITION/EMPLOYEE SUBSTITUTING FOR
20			5		
21			6		
22			7		
23			8		
24			9		
25			10		
26			11		
27			12		
28			13		
29			14		
30			15		
31			16		
1			17		
2			18		
3			19		
4					← COLUMN TOTAL HOURS
		← COLUMN TOTAL HOURS			← GRAND TOTAL of ALL HOURS

DEPARTMENT CODING									RATE OF PAY	DAY/HOURS	TOTAL
FD (#)	RS (####)	Y (#)	OBJ (####)	SCH (###)	GL (####)	FC (####)	DD (####)				
1									x	=	
2									x	=	
3									x	=	
4									x	=	
5									x	=	
6									x	=	
7									x	=	

Business Office Use: