**Tracy Unified School District**

 **1875 W. Lowell Avenue - Tracy CA, 95376**

**Classified Time Sheet – SUMMER SCHOOL**

|  |
| --- |
| **Name of Employee ID** # Print Name**Payroll Period: From Month /16/20 To Month /15/20**  **□clerical □bus aide □para-educator □Other** |
| **Date** | **Hours Work****Performed****( 8am-5pm)** | **Total Hours****Worked** | **Date** | **Hours Work****Performed****(8am-5pm)** | **Total Hours****Worked** | **Date** | **Hours Work****Performed****( 8am-5pm)** | **Total Hours****Worked** |
| **16** |  |  | **27** |  |  | **7** |  |  |
| **17** |  |  | **28** |  |  | **8** |  |  |
| **18** |  |  | **29** |  |  | **9** |  |  |
| **19** |  |  | **30** |  |  | **10** |  |  |
| **20** |  |  | **31** |  |  | **11** |  |  |
| **21** |  |  | **1** |  |  | **12** |  |  |
| **22** |  |  | **2** |  |  | **13** |  |  |
| **23** |  |  | **3** |  |  | **14** |  |  |
| **24** |  |  | **4** |  |  | **15** |  |  |
| **25** |  |  | **5** |  |  |  |  |  |
| **26** |  |  | **6** |  |  |  | **Grand Total****of Hours** |  |

**Employee Signature:**

**Date:**

**Site/categorical funding: Account code to be charged**

**Approval:**

**Site/Department Signature Date Budget Manager Signature Date**

 Hrs. @ $\_

**PAYROLL USE ONLY**

Total Paid:\_

 Hrs. @ $\_

Date Paid:\_