**Tracy Unified School District**

**1875 W Lowell Ave – Tracy, CA, 95376**

# **Certificated Time Sheet**

**Voluntary Paid Class Prep Day**

**Name of Employee: ID#:**   
 Print Name

**Payroll Period: From: 07/16/2019 To: 08/15/2019**

Mo. Yr. Mo. Yr.

Certificated Voluntary Class Prep Day

*(Please check the appropriate box)*

❑ July 31, 2019 Class Prep Half Day – *A.M*.

❑ July 31, 2019 Class Prep Half Day – *P.M.*

❑ July 31, 2019 Class Prep Full Day

## Employee Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Type of Extra Service Voluntary Class Prep Day

## Funding Source: Account Code: 01-0709-0-1110-1000-1107-806-2796 Approvals:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

**Site/Department Signature Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_**

**Budget Manager Signature Date**

**PAYROLL USE ONLY**

**\_\_\_\_\_Day @ \_$ 249.00\_\_\_\_ Total Paid:\_\_\_\_\_\_\_\_\_\_**

**Date Paid: 09/10/2019**