

Mansfield Independent School District

SEMIMONTHLY

SUB/Part Time Temp Timesheet

* Please use blue ink
* Please PRINT clearly

Employee: _____

Campus: _____

Employee ID: _____

Pay Period	Month	Day	Year
Beginning			
Ending			

Position (please circle): **Sub** **Tutor** **Natatorium Worker** **Temp Employee**

Work performed from 1st through 15th will be paid on the 1st of the following month

Date	Time		Overtime		Description of Service <small>(list student, campus, employee subbing for)</small>	Total Regular	Total Overtime	Employee Initials
	In	Out	In	Out				
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								
TOTAL HOURS								

Work performed from 16th through 31st will be paid on the 15th of the following month

	Hours	Hr. Rate	Amount
Budget Code			
Budget Code <small>(if needed)</small>			
Budget Code <small>(if needed)</small>			

Employee Signature _____ Date: _____

Supervisor Signature _____ Date: _____

Budget Owner Signature _____ Date: _____
(if needed)