BURLINGTON-EDISON
SCHOOL DISTRICT
Laurel W. Browning 927 East Fairhaven Burlington, WA 98233
Superintendent (360) 757-3311 Fax (360) 755-9196

| CERTIFICATED | EMPLOYEE TIMESHEET |

MONTH/YEAR _____ / _____ EMPLOYEE NAME: _____ POSITION: _____ SITE: _____

ABSENCES

Date:																								
Leave Type																								
# of Hours Absent																								

Leave Codes: Sick = S; Family Ill = F; Vacation = V; Bereavement = B; (Please explain relationship); Personal Day = M; Emergency Leave = E; Jury Duty = J; Unpaid = U (Please explain); Temp Absence(subbing in another position = TA; On-the-job Injury = IN; Professional Day/Workshop/Training = W

ADDITIONAL TIME

Date	# Hours Worked	Description of Extra Time and/or Employee Subbed For	Program to Charge / Acct Code	Admin Auth Init
TOTAL				

Employee Signature: _____ Date: ___ / ___ / ___

Supervisor Signature: _____ Date: ___ / ___ / ___

NOTE: My signature certifies that the information on this timesheet is accurate and correct

Pay Code	Account Code	$Rate	Hours
TEX3		Per Diem $	
TSST5		Per Diem $	
TEX3			
TSST5			

Entered:

Timesheets for all staff are from the first of the month to the end of the month.   Submit to payroll by the 3rd working day of the following month.

(Reproduce in Blue)

Revised   08/31/2020