CLASSIFIED EMPLOYEE TIMESHEET FOR KUSPUK SCHOOL DISTRICT

Name: _____ For Month/Pay Period Ending: _____

School: _____ Select One: _____ Substitute _____ Temp _____ Permanent _____ Probation

Title: _____ If Substitute, who are you subbing for: _____

Soc Security: _____

MUST be completed by employee

Salary: **1.0** for full day; **0.5** for half day

Hourly: Number of hours for each day if different jobs, split up.

Subs: *Write name of reg. employee below hours worked*

Date	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15		Total	Overtime	Tutoring
Regular																			
Overtime																			
Tutoring																			
Intensive Pay																			
LWOP																			
Sick Leave																			
Annual/Pers Lv																			
Daily Total:																			
Date	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total		
Regular																			
Overtime																			
Tutoring																			
Intensive Pay																			
LWOP																			
Sick Leave																			
Annual/Pers Lv																			
Daily Total:																			

COMMENTS:

GRAND TOTAL:

Employee Signature *Date* *Supervisor Signature* *Date*

PAYROLL OFFICE USE ONLY Account Number