

# Billings Public Schools

## Time Sheet for BEA Licensed Employees

Vsn 21.6.B

Please use **PEN** when filling out time sheet.

**\*Any whiteout or mark outs need to be initialed before submitting.**

<b>DATE RECEIVED</b>	<b>DATE PAID</b>
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<b>EMPLOYEE ID #</b>	<b>EMPLOYEE NAME (PLEASE PRINT)</b>	<b>SCHOOL / BUILDING</b>
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<b>MONTH</b>	<b>YEAR</b>
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MONTH PAY PERIOD								
DATE	HOURS	DATE	HOURS	DATE	HOURS	DATE	HOURS	TOTAL MONTH HOURS
1	_____	8	_____	16	_____	24	_____	
2	_____	9	_____	17	_____	25	_____	
3	_____	10	_____	18	_____	26	_____	
4	_____	11	_____	19	_____	27	_____	
5	_____	12	_____	20	_____	28	_____	
6	_____	13	_____	21	_____	29	_____	
7	_____	14	_____	22	_____	30	_____	
		15	_____	23	_____	31	_____	

I certify the above statement to be correct and compensation is due.

<b>EMPLOYEE SIGNATURE</b>	/ /	<b>ADMINISTRATOR SIGNATURE</b>	/ /	<b>DATE</b>
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ASSIGNMENT INFORMATION - PLEASE MARK THE APPROPRIATE BOX WITH AN "X"	
<b>ASSIGNMENT INFORMATION</b>	<b>BUDGET CODE</b>
<input type="checkbox"/> Extra Workload due to unavailability of substitute teacher	<input type="checkbox"/> 101-00-164-1000122-000      Name of teacher & subject/grade of teacher substituting for: _____
	<input type="checkbox"/> 201-00-164-1000122-000      _____
<input type="checkbox"/> Homebound Teacher	<input type="checkbox"/> Reg. budget/Reg. Rate <input type="checkbox"/> Other Budget/Reg. Rate _____
<input type="checkbox"/> Temporary Nurse	Reg. budget/Reg. Rate _____
<input type="checkbox"/> Summer School	_____
<input type="checkbox"/> High School Summer School- Credit Recovery	_____
<b>OTHER</b>	
Budget Code(s): _____	Description of Work: _____
<b>RATE OF PAY</b>	
<input type="checkbox"/> Curriculum      \$ _____	<input type="checkbox"/> Instructional      \$ _____
<input type="checkbox"/> Regular Hourly      \$ _____	<input type="checkbox"/> Other      \$ _____

ACCOUNTING PURPOSES						
HOURS	CDH	BUDGET CODE	%	RATE	REC TYPE	PAY
_____	_____	_____	_____	\$ _____	_____	\$ _____
_____	_____	_____	_____	\$ _____	_____	\$ _____
_____	_____	_____	_____	\$ _____	_____	\$ _____
_____	_____	_____	_____	\$ _____	_____	\$ _____