

Billings Public Schools

Time Sheet for Support Employees

Vsn 21.6.A

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

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

DATE RECEIVED	DATE PAID
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EMPLOYEE ID #	EMPLOYEE NAME (PLEASE PRINT)	SCHOOL / BUILDING
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NAME OF PERSON SUBSTITUTING FOR:	POSITION OF PERSON SUBSTITUTING FOR:
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MONTH	/	YEAR
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Comments:

1 ST PAY PERIOD				2 ND PAY PERIOD			
DATE	HOURS	DATE	HOURS	DATE	HOURS	DATE	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	_____
TOTAL HOURS - 1 ST PAY PERIOD			_____	TOTAL HOURS - 2 ND PAY PERIOD			_____

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

EMPLOYEE SIGNATURE	/ /	DATE	ADMINISTRATOR SIGNATURE	/ /	DATE
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ACCOUNTING PURPOSES						
HOURS	CDH	BUDGET CODE	%	RATE	REC TYPE	PAY
_____	_____	_____	_____	\$ _____	_____	\$ _____
_____	_____	_____	_____	\$ _____	_____	\$ _____
_____	_____	_____	_____	\$ _____	_____	\$ _____
_____	_____	_____	_____	\$ _____	_____	\$ _____