

Billings Public Schools

Time Sheet for Community Education and Adult Education Employees

Vsn 21.6.C

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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Community Education Teacher

- Teaching during the day Teaching during the evening

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.

EMPLOYEE SIGNATURE	DATE	ADMINISTRATOR SIGNATURE	DATE
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COMMUNITY EDUCATION AND ADULT EDUCATION USE						
RATE OF PAY						
<input type="checkbox"/> Curriculum	\$ _____	<input type="checkbox"/> Instructional	\$ _____	<input type="checkbox"/> Regular Hourly	\$ _____	
<input type="checkbox"/> Other	\$ _____					
_____	+	_____	+	_____	=	_____
HOURS		PREP HOURS		RECORDS		TOTAL HOURS

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