GOLDEN PLAINS
UNIFIED SCHOOL DISTRICT
Whatever it takes...Our kids are worth it

Classified Subs Payroll Time Sheet

Date Submitted to Payroll: _____

Employee Name:_____ S.S#xxx-xx_____

Month/Date	Time In	Time Out	School Site/Description of Duties	Total Hours	Designee Approval	Purpose or name of PD/conference

Code Line	Fund	Resource	-Y-	Goal	Function	Object	Site	Dept.	**Optional** Percent	Description
1.										
2.										
3.										

_____@_____= $_____

***Payroll Time Sheets are due by the 5th if each month.**

_____ _____

Business Office Approval **Director/Supervisor Approval**

(Required when attached to authorized Additional Hours Form)