

Timesheet Guidelines

Please be sure to fill out your timesheets with all the pertinent information and sign [in blue ink](#).

- **Employee's Name, ID, Pay Period,**

Pay Period Ending _____
Month Year

Employee ID # _____ School/Site _____
Required on all timesheets (found on Check/Direct Deposit Advice)

Name (Last) (First) (Middle Initial) Job Title

- **Time In/Out with daily regular and overtime totals, Job #, Expense Codes, total pay period hours (regular & overtime)**

PLEASE SUBMIT TO PROGRAM MANAGER/SITE ADMINISTRATOR BY THE END OF PAY PERIOD.

DATE	HOURS				TOTAL HOURS		SUBSTITUTED FOR / REASON (Such as Differential Pay)	JOB NO.	SITE/EXPENSE CODE	APPROVAL
	AM FROM	AM TO	PM FROM	PM TO	REG	OT				
21	:	:	:	:						
22	:	:	:	:						
23	:	:	:	:						
24	:	:	:	:						
25	:	:	:	:						
26	:	:	:	:						
27	:	:	:	:						

- **Employee signature and the required approval signatures. Initial any corrections you make in [blue ink](#)**

	HOURS WORKED			EMPLOYEE'S SIGNATURE	DATE
THIS TIME REPORT MUST BE IN PAYROLL DEPT. BY THE 21ST OF THE MONTH TO BE PAID.				APPROVED BY PRINCIPAL/SUPERVISOR	DATE
				APPROVED BY COORDINATOR	DATE
Time	Hour Code	Rate of Pay	Expense Code		