



Moorpark Unified School District

IMPORTANT HOURLY TIMESHEET INFORMATION

- **Complete top section of form as requested.**
- **Social Security Number:** Last 4 digits are required.
- **Requisition #:** Can be found on Employee Req. that is returned to Office Manager/Principal from Personnel.
- **Job Classification:** Must match Employee Req.
- **Total hours worked:** Employee enters hours worked on appropriate date. Hours listed on total hours worked line must match hours worked as entered on calendar grid of timesheet.
- **Subbed For:** If employee subbed for another employee, please indicate who they subbed for. If subbing for multiple people in one month, please put the date and who they subbed for at the bottom of the timesheet.
- **Funding Resource Box:** Complete funding resource with all account numbers for this position. Account number can be found on Employee Req.
- **Charge to line:** Should contain % for each funding source. If there is more than one account string, indicate % of the employee time that should be charged to each account. Please put the % in order from the top line first and the bottom line last. You may use the resource name or resource number on the line for clarification.
- **For Certificated hourly timesheet:** Please indicate the correct Hourly Rate at the bottom of the form based on Employee Req.
- **Principal must sign all timesheets for approval.** Timesheets must be remitted to the Payroll Department by the 1st of each month.

REQUISITION # _____

**MOORPARK UNIFIED SCHOOL DISTRICT
CERTIFICATED HOURLY TIME SHEET**

EMPLOYEE _____ MONTH WORKED: _____ 20____

SOCIAL SECURITY NUMBER XXX-XX- _____

SCHOOL/DEPARTMENT _____

JOB CLASSIFICATION TEACHER

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
NON-INSTR.																
INSTR.																

	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
NON-INSTR.																
INSTR.																

*- MUST BE SUBMITTED TO THE SCHOOL OFFICE MANAGER
BY THE LAST WORK DAY OF THE MONTH -*

TOTAL HOURS: _____

I certify that I have worked the above hours
for Moorpark Unified School District.

EMPLOYEE'S SIGNATURE

SUBBED FOR: (TEACHER'S NAME)

PLEASE MAKE SURE ALL INFORMATION BELOW IS FILLED OUT COMPLETELY BEFORE SUBMITTING TO PAYROLL

Funding Resource/Purpose:											DISTRICT USE ONLY	
CHARGE TO:										HOURS	RATE	GROSS
FUND	OBJECT	RESOURCE	YEAR	GOAL	FUNCTION	LOCATION	MGMT	OPT.	BARG			
XXX	XXXX	XXXX	X	XXXX	XXXX	XXX	XXX	XXXX	X			

_____ \$50.00 = Adult Ed

_____ \$25.00 = Non-Contract Rate

_____ \$30.00 = Non-Instructional Rate

_____ \$35.00 = Instructional Rate

_____ Sub Prep Period
(1/6 Daily Rate Class II Step I)

_____ \$35.00 = Non-Contracted Rate w/Credential

_____ Counselor (SH 014 - _____)

SUPERVISOR'S SIGNATURE