CLASSIFIED TIME SHEET

Turlock Unified School District

Name (Please Print) ______________________

Social Security # ______________________

Date ____________ Site ____________

Employee Signature ______________________

Supervisor Signature ______________________

Check One: ☐ Substitute ☐ Extra Hours ☐ Overtime

TIME SHEETS DUE THE 15TH OF EACH MONTH - MUST BE COMPLETED IN INK

DATE	DAY	TIME IN	TIME OUT	TOTAL HOURS	SUBSTITUTING FOR	REASON	FUNDING (Site Use)	PAYROLL USE ONLY APPT. I. D.	REGULAR HRS

Total ____________

Pay Rate ____________

Gross ____________

Grand Total ____________

Original - Payroll/White 2nd Copy - Site/Yellow 3rd Copy - Employee/Pink