**HACIENDA LA PUENTE UNIFIED SCHOOL DISTRICT**

15959 East Gale Avenue, City of Industry, CA 91716 – Payroll Department (626) 933-3871

# CERTIFICATED

HOURLY TIME SHEET

**CHILD DEVELOPMENT EXTRA ASSIGNMENT**

_____ _____ _____

Print Name (Last, First) Full SS# or EID# School

REQ #_____ Title of Extra Assignment _____

**(REQUIRED)** **(REQUIRED)**

SACS #_____

**EACH MONTH MUST BE ON SEPARATE TIMESHEETS!**

**Refer to Payroll Schedule for Timesheet due dates.**
**Hours will be paid on next regular payroll date following the due date.**
**EMPLOYEE IS RESPONSIBLE FOR PROVIDING ORIGINAL TIMESHEET TO PAYROLL**

| DATE | STARTING TIME | ENDING TIME | TOTAL HOURS |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

| DATE | STARTING TIME | ENDING TIME | TOTAL HOURS |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

**FOR DISTRICT PAYROLL USE ONLY**

**Total Hours** _____

Total Hours _____ Employee's Signature_____ Supervisor's Signature_____

**(Required)** **(Required)**

Project Director's Signature_____

Form #1017-3CD (Rev 07/2018) **(Required – For Restricted Funds)**