

# SITE SUPERVISION AIDE HOURLY TIMESHEET

Print Name (Last, First) \_\_\_\_\_

Month – Year \_\_\_\_\_

Full SS# or EID # (REQUIRED) \_\_\_\_\_

SSA/Breakfast Aide/Babysitter \_\_\_\_\_

School Site \_\_\_\_\_

**Each Month Must be on Separate Timesheets!!**

Please use **BLACK** or **BLUE** ink. When absent, please indicate **absence codes AND total hours in RED.**

**I** – Illness   **V** – Vacation   **H** – Holiday   **A** – Industrial Injury   **E** – Excused with pay   **P** – Personal Necessity (Need Affidavit)  
**N** – Excused without pay   **X** – Not Excused Unpaid   **B** – Bereavement (Need Affidavit)   **J** – Jury Duty   **F** – FMLA

REQ # \_\_\_\_\_

Authorized Hours per Week \_\_\_\_\_

SACS # \_\_\_\_\_

DATE	START	END	TOTAL HRS

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**FOR DISTRICT PAYROLL USE ONLY**

JOB # \_\_\_\_\_

Hours Worked \_\_\_\_\_

Holiday Hours \_\_\_\_\_

Sick Hours \_\_\_\_\_

Vacation Hours \_\_\_\_\_

Other (\_\_\_\_\_) \_\_\_\_\_

Total Hours \_\_\_\_\_

Total Hours \_\_\_\_\_ Employee’s Signature \_\_\_\_\_ Supervisor’s Signature \_\_\_\_\_

**EMPLOYEE IS RESPONSIBLE FOR PROVIDING ORIGINAL TIMESHEET TO PAYROLL BY DUE DATE**