HACIENDA LA PUENTE UNIFIED SCHOOL DISTRICT

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

CERTIFICATED

HOURLY TIME SHEET

ADULT ED 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

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FOR DISTRICT PAYROLL USE ONLY

Total Hours _____

Total Hours _____ Employee's Signature_____ Supervisor's Signature_____

(Required) **(Required)**

Project Director's Signature_____

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