

CERTIFICATED HOURLY TIMESHEET

Each Month Must be on Separate Timesheets!!

Print Name (Last, First) _____ Full SS# or EID # **(REQUIRED)** _____ Month – Year _____

Classification _____ School Site _____

Refer to Payroll Schedule for Timesheet due dates.

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

- I** - Illness **E** - Excused with pay **P** - Personal Necessity (Need Affidavit) **B** - Bereavement (Need Affidavit)
A - Industrial Injury **J** - Jury Duty **N** - Excused without pay **X** - Not Excused Unpaid

REQ # _____ Authorized Hours Per Week _____

SACS # _____

DATE	START	END	TOTAL HRS

DATE	START	END	TOTAL HRS

FOR DISTRICT PAYROLL USE ONLY

JOB # _____

Hours Worked _____

Sick Hours _____

EI Hours _____

Bereavement _____

Jury Duty _____

Total Hours _____

Total Hours _____ Employee's Signature _____ Supervisor's Signature _____

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