

**CERTIFICATED HOURLY TIME SHEET
SUMMER ASSIGNMENT**

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

JOB # _____

Total Hours _____

Total Hours _____ Employee's Signature _____ Supervisor's Signature _____
(Required) (Required)

Project Director's Signature _____
(Required – For Restricted Funds)