Tracy Unified School District

1875 W Lowell Ave – Tracy, CA 95376

In House Suspension Time Sheet – Per Diem Rate

(coverage during prep period)

Form due to supervisor for signature on the 16th of the month
Supervisor signs and submits to Human Resources no later than the 17th of the month

Name of Employee_____ **D #** _____
Print Name

From_____/16/20_____**To:**_____/15/20_____ **Site** _____
Mo. Yr. Mo. Yr.

Date	PERIOD COVERED	Office Use only	Date	PERIOD COVERED	Office Use only	Date	PERIOD COVERED	Office Use only
16			27			7		
17			28			8		
18			29			9		
19			30			10		
20			31			11		
21			1			12		
22			2			13		
23			3			14		
24			4			15		
25			5					
26			6					

Employee Signature _____**Date**_____
Submit to supervisor no later than the 16th

Account Code: 01-0000-0-1110-1000-1100-_____-8115 (Insert site code)

Approvals:_____ _____
Site/Department Signature **Date**

PAYROLL USE ONLY

Daily Rate $_____ @ 20% = $_____ X # of periods _____ = $_____

Daily Rate $_____ @ 30% = $_____ X # of periods _____ = $_____

Date Paid: _____