

Tracy Unified School District

1875 W Lowell Ave – Tracy, CA, 95376

Certificated Time Sheet

Form due to Financial Services by the 20th of each month

Name of Employee _____ ID # _____

Print Name

Payroll Period: From _____/16/20_____ To: _____/15/20_____

Mo. Yr. Mo. Yr.

Extra Services Saturday School Work Experience Per Diem Rate

Home/Hospital Name of Student _____ (For Home/Hospital use only)

Date	Hours Work Performed (8am-5pm)	Actual Hours Worked	Date	Hours Work Performed (8am-5pm)	Actual Hours Worked	Date	Hours Work Performed (8am-5pm)	Actual Hours Worked
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				Grand Total of Hours	

Employee Signature _____ Date _____

Site/Department _____ Funding Source _____ (Targeted, T1, Site, etc)

Type of Extra Service _____ Name of Workshop _____

Account Code: _____ - _____ - _____ - _____ - **1107** - _____ - _____

Approvals: _____

Site/Department Signature

Date

Budget Manager Signature

Date

PAYROLL USE ONLY

_____ Hrs. @ _____ \$ _____

Total Paid: _____

_____ Hrs. @ _____ \$ _____

Date Paid: _____