

Certificated Timesheet

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Last Name <small>(Legal)</small>		First Name <small>(Legal)</small>		Location Code	
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Completed by Employee				Payroll use only	
Date MM/DD/YYYY	Description of Work	Hours	Account Code	Rate of Pay	
				Prof Rate	Per diem
				Prof Rate	Per diem
				Prof Rate	Per diem
				Prof Rate	Per diem
				Prof Rate	Per diem
				Prof Rate	Per diem
				Prof Rate	Per diem
				Prof Rate	Per diem
				Prof Rate	Per diem
				Prof Rate	Per diem
				Prof Rate	Per diem
				Prof Rate	Per diem
				Prof Rate	Per diem

Total Hours

I affirm I worked these hours outside of my regular work hours.

Employee Signature

Date

Supervisor Signature

Date

Instructions

Employee

1. Fill out all employee sections of form.
2. Sign and date.
3. Submit to appropriate person for approval.

Office Manager/Meeting Facilitator/Budget Authority

1. Ensure form is filled out completely and correctly.
2. Confirm correct budget number.

2023-2024 Payroll Dates			
Cut-off Date	Pay Day	Cut-off Date	Pay Day
Aug 31	Sept 29	Feb 28	Mar 29
Sept 30	Oct 31	Mar 31	Apr 30
Oct 31	Nov 30	Apr 30	May 31
Nov 30	Dec 28	May 31	June 28
Dec 31	Jan 31	June 30	July 31
Jan 31	Feb 29	July 31	Aug 30

Location Codes			
CVES	5015	CKMS	4397
FCES	2222	SMS	2124
NBES	2287	TFMS	5135
OES	4308	MSHS	2850
SES	2288	TRS	1502
TRES	5457	DO	1079
PPP	5296		