

WESTMINSTER SCHOOL DISTRICT:

Classified Over-Time Timesheet



Employee Name: _____

Position: _____

Employee ID Number: _____

School Site /

Department: _____

Start Month:			End Month:		
Date	Work Performed	Total Hours	Date	Work Performed	Total Hours
16			1		
17			2		
18			3		
19			4		
20			5		
21			6		
22			7		
23			8		
24			9		
25			10		
26			11		
27			12		
28			13		
29			14		
30			15		
31					
Grand Total Hours:					

Pay Period is from 16th of the prior month to the 15th of the current month.

****Timesheets due to Payroll 16th of every month****

AFFIDAVIT: I hereby certify this time report is true and correct.

Administrator Signature

Date

Employee Signature

Date

Prior Approval

Yes

No

Budget

PAYROLL PORTION

Date Received: _____

Inputted By: _____

Pay Cycle: _____