



"Our Children. Learning Today. Leading Tomorrow."
PASADENA UNIFIED SCHOOL DISTRICT
BUSINESS SERVICES

CLASSIFIED HOURLY TIMESHEET

PAY PERIOD :

EMPLOYEE NAME _____

EID / SSN _____

JOB TITLE _____

WORK LOC. _____

INSTRUCTIONS

All information **MUST** be completed in **BLUE INK** and submitted to the payroll office with required signatures on the assigned **DUE DATE**. Refer to Payroll Schedule for timesheet **DUE DATE**. ***Incomplete timesheets will be return to timekeeper resulting in late payment.***

Fund	Resource	Goal	Function	Object	Location	PR Number

RATE :

DATE	WORK HOURS START	WORK HOURS END	WORK HOURS START	WORK HOURS END	Total
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
VERIFICATION INITIALS (TIMEKEEPER)			TOTAL HOURS		

KEY NOTES
 5 MIN = 0.08
 10 MIN = 0.17
 15 MIN = 0.25
 30 MIN = 0.50
 45 MIN = 0.75
 60 MIN = 1.00

OFFICE USE
 PC NUMBER :

Supervisor / Administrator PRINTED NAME _____

Supervisor / Administrator SIGNATURE _____ Date _____

EMPLOYEE SIGNATURE _____ DATE _____