

CLASSIFIED EMPLOYEE SUPPLEMENTAL TIMESHEET

Employee # _____

PROGRAM _____

Employee Name _____

Month/Year _____

School _____

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

MUNIS Code # _____

Hourly Rate _____

Total Hours Worked _____

Total Gross Pay _____

Employee Signature

Project Manager Signature

School Principal Signature

Timesheets should be completed for Days 1-15 of each month and 16-end of each month. Stipend will be added to the next pay period. Submit this timesheet with regular school timesheets on the 1st and 16th of each month.