TRAVIS UNIFIED SCHOOL DISTRICT

CLASSIFIED PAYROLL TIME SHEET

Please complete all information

NAME: _____ EMP ID: _____ SITE: _____

REGULAR ASSIGNMENT: _____

**DO NOT INCLUDE LUNCH OR BREAK IN "TOTAL HOURS"

DATE MM / DD / YY	**START TIME** HR:MIN	**END TIME** HR:MIN	**TOTAL HOURS** to be paid**	**PROGRAM** OR specific task(s) worked on	**Code** A, B, C, D
	TOTAL HOURS:			Comments:	

****THIS FORM MUST BE SUBMITTED TO THE PAYROLL OFFICE BY 4:30PM ON THE POSTED DUE DATE****

EMPLOYEE SIGNATURE: _____ Date: _____

PRINCIPAL / APPROVER SIGNATURE: _____ Date: _____

[for office use only]	[for payroll use only]
CODE A: ___-_____-__-_____-_____-_____-_____-_____	HOURS _____ x RATE $ _____ =
CODE B: ___-_____-__-_____-_____-_____-_____-_____	HOURS _____ x RATE $ _____ =
CODE C: ___-_____-__-_____-_____-_____-_____-_____	HOURS _____ x RATE $ _____ =
CODE D: ___-_____-__-_____-_____-_____-_____-_____	HOURS _____ x RATE $ _____ =