

TRAVIS UNIFIED SCHOOL DISTRICT

STUDENT TIMESHEETS

Please complete all information

NAME: _____

EMP ID: _____

SITE: **GOLDEN WEST MIDDLE**

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
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: _____

<p style="text-align: center;">[for office use only]</p> <p>CODE A: 01-0002-0-1110-1000-2970-204-1532</p>	<p style="text-align: center;">[for payroll use only]</p> <p>HOURS _____ X RATE _____ _____ =TOTAL</p>
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