

TRAVIS UNIFIED SCHOOL DISTRICT

STUDENT TIMESHEETS

Please complete all information

NAME: _____ EMP ID: _____ SITE: **VANDEN HIGH SCHOOL**

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: 01-0002-0-1110-1000-2970-321-1532	HOURS _____ x RATE \$ _____ = _____
CODE B: _____	HOURS _____ x RATE \$ _____ = _____
CODE C: _____	HOURS _____ x RATE \$ _____ = _____
CODE D: _____	HOURS _____ x RATE \$ _____ = _____