HACIENDA LA PUENTE UNIFIED SCHOOL DISTRICT
15959 East Gale Ave., City of Industry, CA 91716 – Payroll Department (626) 933-3871

OTHER EMPLOYEE - CLASSIFIED

Each Month Must be on Separate Timesheets!!

Print Name (Last, First) _____ Full SS#/EID# **(Required)** _____ MONTH-YEAR _____

CLASSIFICATION **(Required)** _____

Refer to Payroll Schedule for timesheet due date. SACS code are REQUIRED from each site. Please see site administrator for SACS code.

EMPLOYEE IS RESPONSIBLE FOR PROVIDING ORIGINAL TIMESHEET TO THE PAYROLL DEPARTMENT

Date	Time Worked Start	End	Total Hours	Place and Reason	SACS Code (REQUIRED)	Approved By:

Total Hours _____

EMPLOYEE'S SIGNATURE _____
(REQUIRED)

Form #1016-A (Rev. 06/2024)