



Celina Schools
205 South Colorado St
(469) 742-9100
www.celinaisd.com

SUPPLEMENTAL PAY TIME SHEET

Employee Last Name:		First Name:	
Description of work performed:			
Employee ID #: (required)		Building/Department:	

Note: When recording your time, please round minutes to quarters of an hour. For example:
1 hr. & 15 min. = 1.25 1 hr. & 30 min. = 1.5 1 hr. & 45 min. = 1.75

Please see monthly payroll schedule sheet for reporting period cut off dates.

	Sat	Sun	Mon	Tues	Wed	Thurs	Fri	Hours/Units Per Week
1st Week Date:								
Hours:								
2nd Week Date:								
Hours:								
3rd Week Date:								
Hours:								
4th Week Date:								
Hours:								
5th Week Date:								
If applicable Hours:								
Total Hours/Units								

Employee Signature: _____ **Date:** _____

Pay Rate: \$ _____ **per hour or day** **Total Amount:** \$ _____
(circle one)

Budget Code: _____

Supervisor Signature: _____ **Date:** _____

All time sheets must be signed by both the employee and their supervisor in order to be paid.