

# BURBANK UNIFIED SCHOOL DISTRICT

Employee Name (printed) \_\_\_\_\_

Week Beginning – Week Ending \_\_\_\_\_

**\*\* Please fill out a new time ticket for each week**

I hereby certify that I have worked for the Burbank Unified School District this as stated hereon.

\*\*PLEASE NOTE: IF ANY INFORMATION IS MISSING ON THE TICKET, THE TICKET WILL BE RETURNED TO THE EMPLOYEE AND WILL DELAY PAYMENT.

Signed: \_\_\_\_\_

Job Number	Date	Work Site	Person Subbing For	Start Time	Lunch Start	(if applicable) Stop	Stop Time

Total hours worked for the week: \_\_\_\_\_

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