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

OTHER EMPLOYEE - CERTIFICATED

Each Month Must be on Separate Timesheets!!

Print Name (Last, First) CLASSIFICATION (Required)				Full SS#/EID# (Required) MONTH-YEAR Refer to Payroll Schedule for timesheet due date. SACS code are REQUIRED from each site. Please see site administrator for SACS code.			
EMPLO	YEE IS RES	SPONSIBL	E FOR PRO	OVIDING ORIGINA	L TIMESHEET TO THE PAYROLL DEP	ARTMENT	
Date	Time Worked Start End		Total Hours	Place/Reason	SACS Code (REQUIRED)	Approved By:	
	<u> </u>						
	1						
	1						
Total Hour	s		_				
				EMPLC (REQU	YEE'S SIGNATURE IRED)		

Form #1016-B (Rev. 07/2024)