



Month/Month

Year

Job Title of Work Performed _____

☐ Sub for _____

☐ Illness/PN ☐ Annual Leave ☐ Workers Comp ☐ Out of Class

☐ Extra Help reason _____

☐ Summer School

☐ Student

☐ Overtime reason _____

BUDGET CODES	FUND RESC Y OBJ SCH GOAL FUNC BUD PROJ	HOURS
		0

Use a separate timesheet for each classification of work performed

Signature: Administrator/Program Manager _____

Date _____

PAYROLL USE ONLY	

Revised
10/2022

White-Payroll, Yellow-Site, Pink-Employee

Folsom Cordova Unified School District

CLASSIFIED

VARIABLE PAYROLL TIMECARD

Employee First Name (Print) _____

Last name _____

ID# _____

School/Site _____

PAY PERIOD: 16th through 15th

16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31	1	2	3	4	5
6	7	8	9	10	11	12
13	14	15				

Timecards must be signed and turned into your Site Administrator no later than 4 p.m. on the 15th of each month.

Employee Signature _____

Date _____