



Month/Month

Year

Folsom Cordova Unified School District

CERTIFICATED

VARIABLE PAYROLL TIMECARD

Sub for _____

Illness/PN Workers Comp Release Time

Adult Education Charter School Innovations

Home Health Independent Study

Summer School

Additional Duty/Reason and Rate _____

Extra-curricular stipend \$ _____

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.

BUDGET CODES	FUND-RESC-Y-OBJ-SCH-GOAL-FUNC-BUD-PROJ	Hrs/Days

Use a separate timesheet for each classification of work performed

Signature: Administrator/Program Manager Date

PAYROLL USE ONLY	

White – Payroll Yellow – Site Pink – Employee
Revised 10/2022

Employee Signature Date