



PAYROLL TIME SHEET

SECTION I FOR EMPLOYEE ONLY: This section MUST be filled out by the employee. Only one duty per timesheet, for example internal subbing and lunch duty cannot be on one timesheet – this would require two timesheets. Dates must be in consecutive order per the week. Submit your timesheet for approval to your supervisor as soon as the specific duty performed is complete for the pay period. By signing you are stating the hours notated are true to your hours worked. **NOTE: Failure to have this form filled out completely will result in it being returned to you and delay payment**

Employee Last Name _____ Employee First Name _____
Duty Performed _____ Building Name _____
Employee Signature _____

WEEK 1	DATE MM/DD/YY	START TIME	END TIME	TOTAL HOURS	Comments/Notes
Sunday					
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
TOTAL HOURS FOR WEEK 1					

WEEK 2	DATE MM/DD/YY	START TIME	END TIME	TOTAL HOURS	Comments/Notes
Sunday					
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
TOTAL HOURS FOR WEEK 2					

WEEK 3	DATE MM/DD/YY	START TIME	END TIME	TOTAL HOURS	Comments/Notes
Sunday					
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
TOTAL HOURS FOR WEEK 3					

WEEK 4	DATE MM/DD/YY	START TIME	END TIME	TOTAL HOURS	Comments/Notes
Sunday					
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
TOTAL HOURS FOR WEEK 4					

SECTION II FOR ADMIN ONLY: Must be filled/signed by approving supervisor/admin, electronic signature will not be accepted. If assistance is needed for the account number, please contact Business Office. Select one pay rate, if 'Other' please indicate (such as Hourly/Overtime). Email timesheets to Payroll@rlas-116.org. **NOTE: By signing you are acknowledging the above is true and accurate of the hours worked by the above employee under your supervision.**

ACCOUNT NUMBER															
FUND	TYPE	LOCATION	FUNCTION	OBJECT	SUBJECT	SOURCE FUNDS									
	E														

PAY RATE (check one)															
Tier 1				Tier 2				Tier 3				Other			

Supervisor/Approver Name _____ Signature _____