

TEMPLE CITY UNIFIED SCHOOL DISTRICT	Month / Year:	
CLASSIFIED - HOURLY TIME REPORT	PTR#:	

Employee (Last, First Name):		EID#:	
------------------------------	--	-------	--

Job Title:		Work Location:	
------------	--	----------------	--

Account String:							
	Fund	Resource	Goal	Function	Object	Location	Percent
	Fund	Resource	Goal	Function	Object	Location	Percent

Due to Payroll: End of the month

WORK HOURS	ABSENCES
-------------------	-----------------

Date	Time In	Time Out	No. of Hours	Time In	Time Out	No. of hours	Sick time
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
24							
25							
26							
27							
28							
29							
30							
31							
Total hours worked				Total sick hours			

Employee Signature:		Supervisor's Approval	
---------------------	--	-----------------------	--

Ed. Services/ Special Ed. Approval	
------------------------------------	--

For PAYROLL ONLY:	REG	OVT	C3
--------------------------	-----	-----	----

Note: These hours will get paid on **10th** of the following month **after** Board's approval.

For questions related to Classified payroll, contact Katie Phu 626-548-5033 pphu@tcusd.net