TRAVIS UNIFIED SCHOOL DISTRICT
CERTIFICATED PAYROLL TIME SHEET
Please complete all information (INCOMPLETE TIMESHEETS WILL BE RETURNED)

CLEAR

EMP ID:	**NAME:**	**SITE:**
REGULAR ASSIGNMENT: ***DO NOT INCLUDE LUNCH BREAK IN TOTAL HOURS*		

DATE MM/DD/YY	**START TIME** HR:MIN	**END TIME** HR:MIN	**TOTAL HOURS**** to be paid	**PROGRAM** OR specific task(s) worked on	**Choose ONE:** With Students	Without Students
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TOTAL HOURS:		**COMMENTS:**				

****THIS FORM MUST BE SUBMITTED TO THE PAYROLL OFFICE BY 4:30PM ON THE POSTED DUE DATE****

Employee Signature: _____ **DATE:** _____

Principal/Approver Signature: _____ **DATE:** _____

[PAYROLL USE ONLY]	[ACCOUNT CODE]
HOURS_____ X RATE _____ = $ _____	
HOURS_____ X RATE _____ = $ _____	
HOURS_____ X RATE _____ = $ _____	
HOURS_____ X RATE _____ = $ _____	