

SUPPORT STAFF (NON EXEMPT) Copy on GREEN paper.

1. CURRENT EMPLOYEE ADDITIONAL ASSIGNMENT TIMESHEET FOR NORMAL POSITION
(Pre-approval of expenditure and budget code required).
2. SUPPORT STAFF (NON EXEMPT SUBSTITUTE)

NAME:

PAR:

EMPLOYEE ID:

REGULAR JOB:

WORK LOCATION:

SUBSTITUTED FOR:

ADDITIONAL ASSIGNMENT PERFORMED:

TOTAL PROJECTED EARNED:

MONTH:

PAY PERIOD ENDING:

DATE							
DAY	THURSDAY	FRIDAY	SAT	SUN	MON	TUES	WED
IN							
OUT							
IN							
OUT							
IN							
OUT							
TOTAL HRS PD							

HOURLY RATE: _____ TOTAL HOURS WORKED: _____ TOTAL EARNED: _____

Budget Code:

Percent/Hrs/Dollar:

Budget Code:

Percent/Hrs/Dollar:

As the Employee, I hereby certify that the above hours accurately reflect the time worked and were not reported on the electronic timekeeping system (Workforce). Any falsification of time records is a felony (over/understatement) and subject to disciplinary action, which could include termination. I understand that failure to return my time sheet in accordance with Payroll deadlines will delay my paycheck.

Employee Signature _____ Date: _____

Immediate Supervisor _____

Type Name

Immediate Supervisor _____ Date: _____

Signature

Authorizing Administrator _____

Type Name

Authorizing Administrator _____ Date: _____

Signature

Important: All timesheets are due in Payroll every Thursday by 2:00pm for the workweek ending Wednesday. Time sheets not picked up by the district courier on Thursday mornings will need to be hand delivered to Payroll by 2:00pm.