HACIENDA LA PUENTE UNIFIED SCHOOL DISTRICT
15959 East Gale Ave., City of Industry, CA 91716 – Payroll Department (626) 933-3871

OTHER EMPLOYEE - CLASSIFIED

Each Month Must be on Separate Timesheets!!

Print Name (Last, First) _____ Full SS#/EID# **(Required)** _____ MONTH-YEAR _____

Refer to Payroll Schedule for timesheet due date. SACS code are REQUIRED from each site. Please see site administrator for SACS code.

CLASSIFICATION **(Required)** _____

EMPLOYEE IS RESPONSIBLE FOR PROVIDING ORIGINAL TIMESHEET TO THE PAYROLL DEPARTMENT

Date	Time Worked Start	End	Total Hour	Place/Reason	SACS Code (REQUIRED)	Approved By:

Total Hours _____

EMPLOYEE'S SIGNATURE _____
(REQUIRED)

Form #1016-A (Rev. 08/2024)