CLASSIFIED TIME SHEET

TURLOCK UNIFIED SCHOOL DISTRICT

Check One: ☐ **Substitute** ☐ **Extra Hours***

***Supervisor prior approval required for all extra hours, overtime, and comp time.**

TIME SHEETS DUE THE 15TH & LAST WORK DAY OF EACH MONTH - MUST BE COMPLETED IN INK

Employee Name (please print): _____

SSN (last 4 only) or Employee ID#: _____ **Date:** _____

Department/Site: _____

Employee Signature: _____

Department/Site Administrator Signature: _____

Month/Year _____

DATE	TIME IN	TIME OUT	LUNCH	TOTAL HOURS	SITE NAME	SUBSTITUTING FOR (PRINT NAME)	REASON FOR EXTRA HOURS/OT	OT OR COMP	OFFICE USE EWA/SBA #

OFFICE USE ONLY TOTAL HOURS _____ ENTERED BY (PRINT NAME) _____