TRAVIS UNIFIED SCHOOL DISTRICT

STUDENT TIMESHEETS

Please complete all information

NAME: _____ EMP ID: _____ SITE: Vanden High School

REGULAR ASSIGNMENT: _____

**DO NOT INCLUDE LUNCH OR 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	Code A, B, C, D
	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: _____

[for office use only]	[for payroll use only]
CODE A: 01 - 7412 - 0 - 1763 - 1000 - 2970 - 321 - 1632	HOURS _____ x RATE $ _____ =
CODE B: ___-_____-__-_____-_____-_____-_____-____	HOURS _____ x RATE $ _____ =
CODE C: ___-_____-__-_____-_____-_____-_____-____	HOURS _____ x RATE $ _____ =
CODE D: ___-_____-__-_____-_____-_____-_____-____	HOURS _____ x RATE $ _____ =