Each employee is responsible for turning in their own approved timesheet to the payroll department by the due date, in order to receive pay for work performed.

Certified Staff Timesheet

Please make copies on YELLOW paper

2026-2027

Work Dates: From: _____ **To:** _____

Pay Date: _____

NAME: _____

ADDRESS: _____

JOB TITLE: _____

PHONE #: _____

_____

Account #:

Principals/Administrators: Please indicate account number and rate of pay upon approval.

Please do not write # of minutes worked. Please round to the nearest **quarter** hour when not a full hour/day.
For example: 15 minutes = .25 hours; 30 minutes = .5 hours; 45 minutes = .75 hours

Building	Position (TA,TCH,SEC)	Work Performed: Tutor, Driver's Ed., Crossing Guard ** PLEASE BE SPECIFIC **	DATE	NUMBER OF HOURS

Total Amount To Be Paid:	**Pay Rate:**	**Total Amount Hours Worked:**
Internal Sub Certified Staff: $35	**Gate/Book/Timer: $20/HR**	**Instructional Services: $35/HR**
Crowd Control: $20/HR	**Bus Monitor: $22/HR**	**Non-Instructional Services: $30/HR**
Supervisor Signature:		
Administration Approval Signature:		