COACHING HOURS SUBSTANTIATION TIMESHEET

NAME: **Sport:**

(**legal name only** - no nicknames)

Location: **Month/Year:**

Date	Hours Worked
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
13	
14	
15	
16	
17	
18	
19	
20	
21	
22	
23	
24	
25	
26	
27	
28	
29	
30	
31	
Total Hours	

TIMESHEET INSTRUCTIONS

Failure to comply with any of the requirements outlined below may result in a delay in the processing of the timesheet.

For Employees

Print legibly

Use your full legal name as it appears on your social security card. No nicknames or middle names.

All fields at the top must be filled out (name, position, location, month/year)

Blue or black ink only. Do NOT use pencil, crayon, etc. No white-out.

For correction, use a single line, cross out error, write in the correct information and *initial next to the correction* .

Only 1 month per timesheet. Do not add multiple months to a timesheet.

No date ranges. Must use the date the hours were worked.

Enter the date and number of hours worked.

Round time to the nearest quarter hours (.25, .50, .75, 1). Do not use hours and minutes.

Turn your timesheet into your athletic director no later than the last work day of the month

Sign and date after the last work date listed on timesheet.

*****Your timesheet is your responsilibity. Do not expect or ask your admin assistant to complete it for you.*****

For Administrative Assistants

Verify all fields are accurate and complete. If not, get them corrected and intialed by employee and supervisor before sending to payroll.

Route to appropriate administrator and/or department for signature.

For Administrators/Principals

Verify all hours worked are correct and everything is filled out.

Sign and date after last work date listed on timesheet.

By signing below, I certify under penalty of law that the hours reported are true and accurately reflect the time I worked. I further acknowledge that any missing or incomplete information may result in a delay in the processing of any additional pay, if needed.

Employee's Signature **Date**

Supervisor's Signature **Printed Name** **Date**

Department/Program Signature **Printed Name** **Date**