

TRUMBULL PUBLIC SCHOOLS

TIME SHEET

Name _____ School/Office _____

Employee ID # _____ Job Title _____

Account # _____ Purpose of Work: _____

(Timesheet will not be processed without account #)

Employee Type:

Please check one of the following:

☐ Certified Staff ☐ Non-Certified Staff

Substitute for: _____

Please complete a separate timesheet for each individual you substitute for.

Union: *Please check one of the following:*

☐ TEA ☐ CMS ☐ Food Service ☐ Student
☐ Para ☐ TASS ☐ Unaffiliated ☐ Other

Type of Work:

Please check one of the following:

☐ Training/Meeting/Curriculum ☐ Student Contact Time ☐ Other Pre-Approved Hours

DATE	TIME IN	TIME OUT	NUMBER OF HOURS

TOTAL HOURS _____

Employee Signature _____ Date _____

Administrator Name _____
(please print)

Administrator Signature _____ Date _____

Timesheets are due to Payroll by 12:00 p.m. on Mondays

Please Note: Incomplete, illegible, or inaccurate timesheets will be returned and not processed.