CLEAR FORM

TRAVIS UNIFIED SCHOOL DISTRICT
CERTIFICATED PAYROLL TIME SHEET
Please complete all information (INCOMPLETE TIMESHEETS WILL BE RETURNED)

EMP ID:	**NAME:**	**SITE:**
REGULAR ASSIGNMENT: *****DO NOT INCLUDE LUNCH 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**	**Choose ONE:**	
					With Students	**Without Students**
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TOTAL HOURS:	0	**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:** _____

[PAYROLL USE ONLY]	[ACCOUNT CODE]
HOURS_____ X RATE _____ = $ _____	
HOURS_____ X RATE _____ = $ _____	
HOURS_____ X RATE _____ = $ _____	
HOURS_____ X RATE _____ = $ _____	

Updated July 1, 2026