

Name _____

Timesheet



Instructions:

1. Indicate account number, actual hours per day, and rate of pay.
2. Complete bottom of form, sign and return all copies to supervisor by the 10th.

Month _____				Year _____			
Program				Total Hours	Reason	Employee for whom you subbed	
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
24							
25							
26							
27							
28							
29							
30							
31							
					Sub Totals		

Month _____				Year _____			
Program				Total Hours	Reason	Employee for whom you subbed	
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
					Sub Totals		
					Grand Total		

Payroll Use Only	43.3 Type	43.4 FREQ	43.6 Acct Code	43.9 Rate	43.10 OT	43.11 Hours	43.12 Gross	43.15 Ret. Month
_____	01	_____	_____	\$ _____	_____	_____	_____	_____
_____	01	_____	_____	\$ _____	_____	_____	_____	_____
_____	01	_____	_____	\$ _____	_____	_____	_____	_____
_____	01	_____	_____	\$ _____	_____	_____	_____	_____
_____	01	_____	_____	\$ _____	_____	_____	_____	_____
_____	01	_____	_____	\$ _____	_____	_____	_____	_____
_____	01	_____	_____	\$ _____	_____	_____	_____	_____

Rate of Pay _____ Curriculum _____ **PLEASE COMPLETE AND SIGN**
 Per Diem/Hr. _____ Sub Rate _____ Location _____ Position _____
 Other _____ Acct Code _____

I certify under penalty of perjury that this is a true and correct claim.

If additional _____
 pay state reason: _____

Employee Signature: _____

Supervisor Signature: _____

Employee Name _____

Please print name