

Name \_\_\_\_\_

**Timesheet**



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

Month \_\_\_\_\_ Year \_\_\_\_\_

Day of Month	Program: For "Other", please indicate program to be charged.							Other: Indicate Program	Total Hours	Employee for whom subbed and reason
	Library 010022	Play/Xing 010025	Basic Ed 010027	Spec Ed 210027	Title I 510027	LAP 550027	Secretary 010023			
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 \_\_\_\_\_

Day of Month	Program: For "Other", please indicate program to be charged.							Other: Indicate Program	Total Hours	Employee for whom subbed and reason
	Library 010022	Play/Xing 010025	Basic Ed 010027	Spec Ed 210027	Title I 510027	LAP 550027	Secretary 010023			
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
									Sub Totals	
									<b>Grand Total</b>	

Payroll	Type	Acct Code	Rate	OT	Hours	Gross	Ret. Month	L&I
Use	_____	_____	\$ _____	_____	_____	_____	_____	_____
Only	_____	_____	\$ _____	_____	_____	_____	_____	_____
	_____	_____	\$ _____	_____	_____	_____	_____	_____
	_____	_____	\$ _____	_____	_____	_____	_____	_____
	_____	_____	\$ _____	_____	_____	_____	_____	_____
	_____	_____	\$ _____	_____	_____	_____	_____	_____
	_____	_____	\$ _____	_____	_____	_____	_____	_____

Rate of Pay \_\_\_\_\_ Curriculum \_\_\_\_\_ Location \_\_\_\_\_ Position \_\_\_\_\_  
 Hourly \_\_\_\_\_ Sub Rate \_\_\_\_\_ Acct Code \_\_\_\_\_

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

If additional pay, state reason: \_\_\_\_\_  
 \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Employee Name \_\_\_\_\_