

# TIMESHEET

MONTH: \_\_\_\_\_ YR: \_\_\_\_\_

*\*APPROVED TIMESHEETS MUST BE SUBMITTED TO PAYROLL DEPT. 10 DAYS PRIOR TO THE END OF THE MONTH\**

**CWCS**     **IEM**     **OGCS**     **SSCS**     **Other:** \_\_\_\_\_  
 Classified:     Program/Learning Center: \_\_\_\_\_  
 Certificated:     Employee Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Position/Task: \_\_\_\_\_

***Pay period is from the 16th of the month until the 15th of the following month***

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

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

Authorizing Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\* Daily total hours will be rounded to the nearest hour or quarter hour. 1 to 8 minutes after hour/quarter hour will be rounded down to the nearest hour, 9 to 14 minutes will be rounded up to the nearest hour/quarter hour.**