

Certificated Payroll Timesheet/Stipend Form

*All persons must complete sections A and D. Hourly use Section B. Stipend use Section C
PLEASE PRINT

A.

Please Circle One: CWCS CEE GVCS

Employee Name: _____ SSN: _____

Position: _____ Program: _____

B.

Hourly Timesheet

Date:	Description:	Hourly Rate:	Total Hours:	Regular	Extra	Overtime	Payroll Use:
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

C.

Stipend Request for Payment

Description of Stipend Duties:

Stipend Amount: \$ _____

D.

Authorization

Employee Signature

Date

Authorizing Name

Authorizing Signature