

Payroll Timesheet/Stipend Form

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

A.

Name of School: _____

Employee Name: _____

Position: _____ Program: _____

Classified: Certificated: Perm: Temp:

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"/>	

C. Stipend Request for Payment

Date Completed: _____

Description of Duties: _____

Stipend Amount: \$ _____ Est Emp Cost (15% of Stipend) will be included

D. Authorization

Employee Signature

Date

Authorizing Name

Authorizing Signature

Fund	Resc	Year	Object	Sub Ob	Goal	Func	Schl	Loc 1	Loc 2	Loc 3

To be completed by Authorizing Person