

# WASHINGTON UNIFIED SCHOOL DISTRICT

## Hourly Payroll Time Sheet

Certificated   
  Classified   
  Substitute   
  Student

Name: \_\_\_\_\_ SSN#: XXX-XX-\_\_\_\_\_

Site: \_\_\_\_\_ Month: \_\_\_\_\_

*\*Purpose section and supervisor signature must be completed or timesheet will **not** be processed and will be **returned**.*

*\*Please allow or reflect your lunch time.*

Date	Time In	Time Out	Time In	Time Out	Regular Hours	OT Hours	Program, event, reason or name of person subbing for
01							
02							
03							
04							
05							
06							
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26							
27							
28							
29							
30							
31							
<b>Total:</b>							

*I hereby certify that this report is an after-the-fact determination of actual effort expended for the period indicated and that I have full knowledge of 100 percent of these activities.*

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

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

### PAYROLL USE ONLY

Fund	Res	Year	Goal	Function	Object	Site	Dept	Lo	Rate	Hours	Amount