

TIME SHEET

- Extra Pay - Overtime Pay - Supplemental Pay from Internal Funds - Additional Hour

Instructions: Refer to back of form for detailed instructions. Return completed form to secretary for payroll processing

Page _____ of _____

Name: *(please print)* _____

Employee Type (choose one) Instructional Educational Support

Social Security Number: *(last four only)* _____

Funding Source (choose one) Budgeted Internal Funds

School/Department: _____

Payroll Pay Period: from: _____ to: _____

| Work Performed- <i>provide brief description and break time</i> | Date Worked <i>(mm/dd/yy)</i> | Start Time | Total Hours | Rate of Pay | FUNDING SOURCE <i>(to be completed by School or Department)</i> | | | | | | | |
|---|----------------------------------|------------|-------------|-------------|---|------|----------|--------|----------|---------|-------------|---------|
| | | End Time | | | Fund | Type | Function | Object | Facility | Project | SubProj(YR) | Program |
| | | a.m./p.m. | | | | E | | | | | | |
| Break time: | | a.m./p.m. | | | | E | | | | | | |
| | | a.m./p.m. | | | | E | | | | | | |
| Break time: | | a.m./p.m. | | | | E | | | | | | |
| | | a.m./p.m. | | | | E | | | | | | |
| Break time: | | a.m./p.m. | | | | E | | | | | | |
| | | a.m./p.m. | | | | E | | | | | | |
| Break time: | | a.m./p.m. | | | | E | | | | | | |
| | | a.m./p.m. | | | | E | | | | | | |
| Break time: | | a.m./p.m. | | | | E | | | | | | |
| | | a.m./p.m. | | | | E | | | | | | |
| Break time: | | a.m./p.m. | | | | E | | | | | | |
| | | a.m./p.m. | | | | E | | | | | | |
| Break time: | | a.m./p.m. | | | | E | | | | | | |
| | | a.m./p.m. | | | | E | | | | | | |
| Break time: | | a.m./p.m. | | | | E | | | | | | |
| | | a.m./p.m. | | | | E | | | | | | |
| Break time: | | a.m./p.m. | | | | E | | | | | | |
| Grand Total | | | | | | | | | | | | |

I certify this time sheet is an accurate record of time worked.

Employee's Signature

Principal/Department Head Signature

Date

Date

Contact Phone Number

Distribution: Original: School- Copy: Payroll Department

Entered In Skyward Worksheet by: _____

| |
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| Payroll Use Only |
| Reviewed By/Date |