

DATE	A.M. IN	A.M. OUT	P.M. IN	P.M. OUT	DAILY HOURS	ACTIVITY #
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
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21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						

**Supervisor Sign / Date:** \_\_\_\_\_ **Totals** \_\_\_\_\_

Please note that the Budget Coding, all Signatures, and the S.S. # must be completed. Incomplete time sheets will be returned to the supervisor. Time sheets are to be submitted to the District Payroll Office on the first workday after the 31st to ensure payment by the 10th of the month.

Describe Activity #1:	Hours charged to code:	Budget Authorizer Sign / Date:	Pos Con #
Budget Code:			

Describe Activity #2:	Hours charged to code:	Budget Authorizer Sign / Date:	Pos Con #
Budget Code:			

Describe Activity #3:	Hours charged to code:	Budget Authorizer / Date:	Pos Con #
Budget Code:			

**PAYROLL OFFICE USE ONLY**

TOTAL HOURS	RATE OF PAY	\$ _____
		ACCUMULATED TOTAL