

ROSEVILLE JOINT UNION HIGH SCHOOL DISTRICT
Certificated Hourly Time Sheet

Time Period		Month/Year			Print Employee Name	
DATE	A.M. IN	A.M. OUT	P.M. IN	P.M. OUT	DAILY HOURS	
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						
TOTALS						

Please note that the Budget Coding, Position Control Number, all Signatures and Employee Number 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: _____

 Employee Signature & Date

 Employee Number or Social

Program Name being Charged: _____

Pos Con #: _____

Budget Code: - - - - - - -
 F D - R E S C - Y - O B J T - T Y - G O A L - F U N C - S C H

Approvals: _____
 Supervisor / Date

 Administrator / Date

PAYROLL OFFICE USE ONLY

 TOTAL HOURS

\$ _____
 RATE OF PAY

\$ _____
 ACCUMULATED TOTAL