Each employee is responsible for turning in their own approved timesheet to the payroll department by the due date, in order to receive pay for work performed.

Administration Approval Signature:

Certified Staff Timesheet

Please make copies on YELLOW paper

2024-2025 Work Dates: From: To: Pay Date: **LEGAL NAME:** Account #: **ADDRESS:** JOB TITLE: PHONE #: Principals/Administrators: Please indicate account number and rate of pay upon approval. **EMPLOYEE ID NO:** Please do not write # of minutes worked. Please round to the nearest quarter hour when not a full hour/day. example: 15 minutes = .25 hours; 30 minutes = .5 hours; 45 minutes = .75 hours Position **NUMBER OF HOURS** Work Performed: Tutor, Driver's Ed., Crossing Guard ** PLEASE BE SPECIFIC ** DATE **Building** (TA,TCH,SEC) Pay Rate: **Total Amount Hours Worked: Total Amount To Be Paid:** Gate/Book/Timer: \$20/HR Instructional Services: \$35/HR Internal Sub Certified Staff: \$35 Crowd Control: \$20/HR **Bus Monitor: \$22/HR** Non-Instructional Services: \$30/HR **Supervisor Signature:**