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.

Non-Certified Staff Timesheet

Please make copies on PINK paper

2024-2025

Work Dates: From: To:

Pay Date:

LEGAL NAME:

ADDRESS:

JOB TITLE:

PHONE #:

EMPLOYEE ID NO:

Please do not write # of minutes worked. Please round to the nearest quarter hour when not a full hour/day.

For example: 15 minutes = .25 hours: 30 minutes = .75 hours.

EMPLOYEE ID NO:					number and rate of pay upon approval.			
			utes worked. Please round to the near is minutes = .25 hours; 30 minutes = .5					
Building	Position (TA,TCH,SEC)	Work Pe	erformed: Tutor, Driver's Ed., Crossing Guard ** PLEASE BE SPECIFIC **			DATE	NUMBER OF HOURS	
						19732		
	MATE THE							
Total Amount To Be Paid:			Pay Rate:		Total Amount Hours Worked:		ked:	
Internal Sub: \$20 or your hrly rate whichever is higher			Gate/Book/Timer: \$20/HR	Instruction	tructional Services: \$35/HR			
Crowd Control: \$20/H	R		Bus Monitor: \$22/HR					
Supervisor Signature	e:							
Administration Approval Signature:								