

EMPLOYEE NAME: _____ EMPLOYEE ID #: _____ SITE NAME: _____ FUNDING CODE: 63 - 9019 - 0000 - 6000 - _____ - 0 - 222 - 29 <small>Fund Resource Goal Function Site Yr Duo Object</small>	TODAY'S DATE: _____ HOURLY RATE: _____ PAYROLL PERIOD: _____
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WORK PERIOD: _____ **11** _____ to _____ **10** _____
Month Day Year Month Day Year

DAY	HOURS	DESCRIPTION OF WORK	DAY	HOURS	DESCRIPTION OF WORK
11	_____	_____	27	_____	_____
12	_____	_____	28	_____	_____
13	_____	_____	29	_____	_____
14	_____	_____	30	_____	_____
15	_____	_____	31	_____	_____
16	_____	_____	1	_____	_____
17	_____	_____	2	_____	_____
18	_____	_____	3	_____	_____
19	_____	_____	4	_____	_____
20	_____	_____	5	_____	_____
21	_____	_____	6	_____	_____
22	_____	_____	7	_____	_____
23	_____	_____	8	_____	_____
24	_____	_____	9	_____	_____
25	_____	_____	10	_____	_____
26	_____	_____	TOTAL HOURS:	_____	_____

**Timesheets must be submitted to the appropriate supervisor no later than the 12th day of each month.
 PLEASE NOTE: Timesheets must be complete prior to submitting to the District Office for processing.**

EMPLOYEE SIGNATURE: _____ SUPERVISOR'S SIGNATURE: _____

Funding codes above MUST be filled out before Payroll can process this timesheet