

<b>EMPLOYEE NAME:</b> _____	<b>TODAY'S DATE:</b> _____
<b>EMPLOYEE ID #:</b> _____	<b>HOURLY RATE:</b> _____
<b>SITE NAME:</b> _____	<b>PAYROLL PERIOD:</b> _____
<b>FUNDING CODE:</b>	
<b>01</b> - _____ - _____ - _____ - <b>0</b> - <b>222</b> - <b>1</b> _____ <small>Resource                      Goal                      Function                      Site                      Yr                      Duo                      Object</small>	

**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	_____	_____	<b>TOTAL HOURS:</b>	_____	_____

**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