

EXTRA HOURS

Regular hours only
 Over time hours only

CENTRAL VALLEY SCHOOL DISTRICT NO. 356 TIME SHEET

(Please use ink)

Hired (new employees only)
 _____ thru _____ \$ _____
 Probation
 _____ to \$ _____
 RT Rate

Employee No.		Print Employee Name														Hourly Rate																			
Month	Account No.		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	Reg. Time	Over Time
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Position	Date(s)	Reason	Budget Code

PLEASE DO NOT WRITE BELOW THIS LINE

CODE:	PERIOD:	HRS:	RATE:	ACCOUNT#:
CODE:	PERIOD:	HRS:	RATE:	ACCOUNT#:
CODE:	PERIOD:	HRS:	RATE:	ACCOUNT#:
CODE:	PERIOD:	HRS:	RATE:	ACCOUNT#:
CODE:	PERIOD:	HRS:	RATE:	ACCOUNT#:
CODE:	PERIOD:	HRS:	RATE:	ACCOUNT#:
CODE:	PERIOD:	HRS:	RATE:	ACCOUNT#:
CODE:	PERIOD:	HRS:	RATE:	ACCOUNT#:

Employee Signature

I hereby certify that the above employee worked the days and hours shown and is entitled to payment.

Department Head or Principal