

CLASSIFIED HOURLY TIMESHEET

To Report Hourly and Substitute Time

School Site Aide

Site: _____

Pay Period Ending: _____ 20

Name (Print): _____

SSN: XXX-XX-_____

This report must be submitted to Payroll on the first working day following the 15th of the month. Incomplete timesheets will cause payment to be delayed.

Date	Shift 1 Minutes	Shift 2 Minutes	Shift 3 Minutes	Shift 4 Minutes	Shift 5 Minutes	Daily Total Minutes
16						-
17						-
18						-
19						-
20						-
21						-
22						-
23						-
24						-
25						-
26						-
27						-
28						-
29						-
30						-
31						-
1						-
2						-
3						-
4						-
5						-
6						-
7						-
8						-
9						-
10						-
11						-
12						-
13						-
14						-
15						-

Total Minutes	
→	-

I certify this report to be true and complete

Principal/Department Head Signature

Employee Signature

BUSINESS DEPARTMENT USE ONLY

ACCOUNT NUMBER	Hours	Rate	TOTAL
01-0000-0-1110-1000-292 - _____ -SSAD	-	\$ 10.50	\$ -