PASCO SCHOOL DISTRICT NO. 1

Employee # _____

TIME SHEET

Name _____ Payroll Period from _____ to _____

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	Employee Subbing for

I certify that I have performed the work on the dates listed above and am entitled to payment for the same.
Payment from this form will be processed the following month if received by the 7th of the month.

Signature of Employee: _____

Budget Code	Hours Worked	Rate of Pay
Total Hours		

Authorized by: _____