

HILLSBOROUGH CITY SCHOOL DISTRICT

TIME SHEET

NAME: _____ POSITION: _____

FROM: _____ 11, THROUGH: _____ 10, _____ LOCATION: _____

TIME SHEETS ARE DUE THE 10TH OF THE MONTH IN ORDER TO RECEIVE COMPENSATION AT THE END OF THIS MONTH. ANY TIME WORKED AFTER THE 10TH SHOULD BE INCLUDED ON NEXT MONTH'S TIME SHEET.

***CODE: OT - OVERTIME AT - ADDITIONAL TIME S - SUBSTITUTE T - TEMPORARY**

DAY	START TIME	END TIME	TOTAL WORK HOURS	*CODE	EXPLANATION	DAY	START TIME	END TIME	TOTAL WORK HOURS	*CODE	EXPLANATION
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 _____

EMPLOYEE'S SIGNATURE _____ DATE _____ SUPERVISOR'S SIGNATURE** _____ DATE _____

**** ATTENTION SUPERVISOR: YOU MUST PROVIDE ACCOUNT NUMBER BELOW**

SUPERVISOR and PAYROLL OFFICE USE ONLY

Fund	Resource	Yr.	Goal	Function	Object	Site	Sub/Prog.	HOURS
___/___/___	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___	_____
___/___/___	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___	_____
___/___/___	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___	_____
___/___/___	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___	_____

Initials _____

Regular Pay Hours Worked: _____ X Hourly Rate: _____

OT Pay Hours Worked: _____ X 1 1/2 = _____ X Hourly Rate: _____

Date _____