



EMPLOYEE INFORMATION

Last Name	First Name	Month and Year
Permanent/Assigned Location	For this timesheet purpose, did you work at another location? Where?	Social Security Number
Activity/function for which payment is being made – reason payment is being made:		Employee ID Number

- | | | |
|---|--|--|
| <input type="checkbox"/> Straight Time | <input type="checkbox"/> Behind-the-Wheel | <input type="checkbox"/> Student Achievement Grant |
| <input type="checkbox"/> Overtime (time & a half) | <input type="checkbox"/> Homebound Instruction | <input type="checkbox"/> Summer School |
| <input type="checkbox"/> Activity Fund | <input type="checkbox"/> Homebased Instruction | <input type="checkbox"/> |
| <input type="checkbox"/> Adult Ed | <input type="checkbox"/> | <input type="checkbox"/> Tutor-After School |
| <input type="checkbox"/> After School Detention | <input type="checkbox"/> SOL Remediation | <input type="checkbox"/> Workshop/Training |
| <input type="checkbox"/> After School Programs | <input type="checkbox"/> SOL Testing | <input type="checkbox"/> Other: _____ |

For Homebound Instructors: The following (shaded) section is to be filled out by Homebound Instructors only

Employee's Address	City	State	Zip
Home Phone	Working with (name of student)	Student's School:	
Student Address	*TC=Teacher Contact *SC=Student Contact	During Period of time from _____ to _____, 20____	

DATE	TIME IN	TIME OUT	HOURS	*	DATE	TIME IN	TIME OUT	HOURS	*
1					17				
2					18				
3					19				
4					20				
5					21				
6					22				
7					23				
8					24				
9					25				
10					26				
11					27				
12					28				
13					29				
14					30				
15					31				
16									

TOTAL HOURS	HOURLY RATE:	TOTAL AMOUNT \$
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BUDGET CODE:

Signature of Employee Date Signature of Supervisor Date

Supervisor (or designee) will submit this completed form to **Payroll** (in the Finance Department).