

# SOLANO COUNTY OFFICE OF EDUCATION (SCOE) TIMECARD

**All timecards must be submitted to your Administrator by the last working day of the month to be paid on the following month's payroll. Instructions for completing timecards and pay dates are available on SCOE's website.**

**Name:** \_\_\_\_\_ **Position:** \_\_\_\_\_

**NOE Hours:** \_\_\_\_\_ **Work Hours: Start** \_\_\_\_\_ **End** \_\_\_\_\_

**Type of Pay:** (Place "X" in appropriate box – please report only ***one*** type of pay per timecard.)

**Extra Hours/Days** ☐ **Short Term** ☐ **Substitute** ☐ **ESY** ☐ **No Teacher Sub** ☐ **FLEX** ☐ **Other** ☐

**For Extra Hours Choose One: Pay Requested ☐ Compensatory Time Requested ☐**

### To be Completed by HR

**EMP ID** \_\_\_\_\_ **Initial** \_\_\_\_\_

Range/Step \_\_\_\_\_ Daily / Hourly

**Pay Rate** \_\_\_\_\_ **Longevity** \_\_\_\_\_

### To Be Completed by Clerical Staff

Date	Time In	Time Out	Minus Duty-Free Lunch	Hours or Days Worked	Leave Blank for Payroll Department		Work Description & Location <small>*Please do not leave blank*</small>	Fund	Resource	Year	Goal	Function	Object	Location	Admin.		%
					S/T	O/T											
Total Hours / Days: _____							Comments/Bill back to: _____										

**I hereby certify that this is a true and accurate statement of time worked:**

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Manager Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### Payroll Calculations: