

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** _____

To be Completed by HR

EMP ID _____ **Initial** _____

Range/Step	Daily / Hourly
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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 Clerical Staff

Total Hours / Days: _____

Comments/Bill back to:

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

Payroll Calculations:

Employee Signature: _____ **Date:** _____

Manager Signature: _____ **Date:** _____