

Daily Time Sheet

	Certificated
	Classified

Pay Period:		20 th		-		19 th	
	Month	Day	Year		Month	Day	Year

Name:		Last 4 of SSN:	
Mailing Address:			
School Site:		Regular Hours Per Day:	
Job Title:	Salary Schedule:	Pay Rate:	

[illegible]

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____