TEHAMA COUNTY DEPARTMENT OF EDUCATION
Hourly Time Sheet

	Certificated
	Classified

Pay Period:		20th		-		19th	
	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:**

Date: (MM/DD/YY)	Hours Worked:	Total Hours:	Reason/ Site Facilitator:
	Total Hours:		

Employee Signature: **Date:**

Supervisor Signature: **Date:**

Account Code:

Please keep a copy for your records