PUSD Payroll Timesheet

Due in the payroll office no later than the 2nd working day of the month

Comp time, extra time, overtime, and out-of-class work <u>MUST be pre-approved</u> by the Principal or Site Administrator and funding must be identified. All bargaining unit agreements and Board Policies *must* be followed to be valid. Email this time sheet to your Principal's Secretary/Administrative Assistant, who will review the timesheet and then forward to the Principal/Department Administrator. You can request a copy of the signed time sheet for your records as well.

Name:			Employee No.#:			
Payroll Period:			11, 20 to		10, 20	
(month)			Cianatura	(month)	Dogo	of
Site/Dept.:			Signature:		Page _	of
Date	Hours Worked		Time Category (check one)		Description of Work F	Performed
		Comp Time	Overtime Extra Time	Out of Class		
Start Time	End Time		SACS #		Approval	Date
			<u></u>			
Date	Hours Worked	_	Time Category (check one)		Description of Work Performed	
		Comp Time	Overtime Extra Time	Out of Class		
Start Time	End Time		SACS #		Approval	Date
				<u> </u>		
Date	Hours Worked		Time Category (check one)		Description of Work F	Performed
Chart Tire	Fred Times	Comp Time	Overtime Extra Time	Out of Class	Annanal	Data
Start Time	End Time		SACS #		Approval	Date
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Date	Hours Worked		Time Category (check one)		Description of Work F	Performed
Start Time	End Time	Comp Time	Overtime Extra Time SACS #	Out of Class	Approval	Date
Start Time	Liid Tiille				Арріочаі	Date
5 /						
Date	Hours Worked	O T'	Time Category (check one)	Out of Olege	Description of Work Performed	
Start Time	End Time	Comp Time	Overtime Extra Time SACS #	Out of Class	Approval	Date
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Date	Hours Worked				Description of Work F	Porformed
Date	Tiouis Worked	Comp Time	Time Category (check one) Overtime Extra Time	Out of Class	Description of Work i	enonnea
Start Time	End Time	Comp rime	SACS #	Out of Class	Approval	Date
Date	Hours Worked		Time Category (check one)		Description of Work F	Performed
Date	Tiodio Worked	Comp Time	Overtime Extra Time	Out of Class	Description of Work I	CHOINICA
Start Time	End Time	Comp Time	SACS #	out of oldoo	Approval	Date
Date	Hours Worked		Time Category (check one)		Description of Work F	Performed
_ = 0.10		Comp Time	Overtime Extra Time	Out of Class		
Start Time	End Time		SACS #		Approval	Date
Date	Hours Worked		Time Category (check one)		Description of Work F	Performed
		Comp Time	Overtime Extra Time	Out of Class	· · · · · · · · · · · · · · · · · · ·	
Start Time	End Time	·	SACS#		Approval	Date
ΤΩΤΔΙ	HOURS	COMP TIME	OVERTIME	EXTRA TIME	OUT OF CLASS	TOTAL
WORKED		hrs	hrs	hrs	hrs	hrs
Principal's Secretary/Administrative Assistant: Please review entries and forward to Principal/Department Head for final approval.						
			or employee and email to Payr			the month:

Date: ____

Richard Garcia rgarcia@pittsburgusd.net - Certificated OR Mindi Pierce mpierce@pittsburgusd.net - Classified

Employee Email: _____