

EMPLOYEE NAME: _____	TODAY'S DATE: _____
EMPLOYEE ID #: _____	HOURLY RATE: _____
SITE NAME: _____	PAYROLL PERIOD: _____
FUNDING CODE:	
01 - _____ - _____ - _____ - 0 - 222 - 1 _____ <small>Resource Goal Function Site Yr Duo Object</small>	

WORK PERIOD: _____ **11** _____ **to** _____ **10** _____
Month Day Year Month Day Year

DAY	HOURS	DESCRIPTION OF WORK	DAY	HOURS	DESCRIPTION OF WORK
11	_____	_____	27	_____	_____
12	_____	_____	28	_____	_____
13	_____	_____	29	_____	_____
14	_____	_____	30	_____	_____
15	_____	_____	31	_____	_____
16	_____	_____	1	_____	_____
17	_____	_____	2	_____	_____
18	_____	_____	3	_____	_____
19	_____	_____	4	_____	_____
20	_____	_____	5	_____	_____
21	_____	_____	6	_____	_____
22	_____	_____	7	_____	_____
23	_____	_____	8	_____	_____
24	_____	_____	9	_____	_____
25	_____	_____	10	_____	_____
26	_____	_____	TOTAL HOURS:	_____	_____

Timesheets must be submitted to the appropriate supervisor no later than the 12th day of each month. PLEASE NOTE: Timesheets must be complete prior to submitting to the District Office for processing.

EMPLOYEE SIGNATURE: _____ **SUPERVISOR'S SIGNATURE:** _____

Funding codes above MUST be filled out before Payroll can process this timesheet