

CERTIFICATED TIMESHEET  
**Pacific Grove Unified School District**

CERTIFICATED PAYROLL TIME SHEET

WORK PERFORMED:

Name of Employee: \_\_\_\_\_

Sub for Emp: \_\_\_\_\_ (name of employee that is out)

Month: \_\_\_\_\_ / Year: \_\_\_\_\_

|                     |    |     |       | Last 4 of SS#  |                     | School or Department: |     |       |                |
|---------------------|----|-----|-------|----------------|---------------------|-----------------------|-----|-------|----------------|
| Date                | IN | OUT | TOTAL | Work Performed | Date                | IN                    | OUT | TOTAL | Work Performed |
| 1                   |    |     |       |                | 16                  |                       |     |       |                |
| 2                   |    |     |       |                | 17                  |                       |     |       |                |
| 3                   |    |     |       |                | 18                  |                       |     |       |                |
| 4                   |    |     |       |                | 19                  |                       |     |       |                |
| 5                   |    |     |       |                | 20                  |                       |     |       |                |
| 6                   |    |     |       |                | 21                  |                       |     |       |                |
| 7                   |    |     |       |                | 22                  |                       |     |       |                |
| 8                   |    |     |       |                | 23                  |                       |     |       |                |
| 9                   |    |     |       |                | 24                  |                       |     |       |                |
| 10                  |    |     |       |                | 25                  |                       |     |       |                |
| 11                  |    |     |       |                | 26                  |                       |     |       |                |
| 12                  |    |     |       |                | 27                  |                       |     |       |                |
| 13                  |    |     |       |                | 28                  |                       |     |       |                |
| 14                  |    |     |       |                | 29                  |                       |     |       |                |
| 15                  |    |     |       |                | 30                  |                       |     |       |                |
|                     |    |     |       |                | 31                  |                       |     |       |                |
| <b>COLUMN TOTAL</b> |    |     |       |                | <b>COLUMN TOTAL</b> |                       |     |       |                |
|                     |    |     |       |                | <b>FINAL TOTAL</b>  |                       |     |       |                |

Pay cycle: 16<sup>th</sup> of the month to the 15<sup>th</sup> of the following month. **SITE/DEPT DEADLINE: 16-31 DUE ON THE FIRST, BY 10 A.M., 1-15 DUE ON THE 16TH BY 10 AM.** All hourly, daily, or Other Work Pay must be approved by the District Payroll Office before payment can be made.

| Fund | Resource | Year | Goal | Funct. | Object | Sub-Obj | Site | Program | Mgmt | Straight | OT HRS | Payroll USE |
|------|----------|------|------|--------|--------|---------|------|---------|------|----------|--------|-------------|
|      |          |      |      |        |        |         |      |         |      |          |        |             |
|      |          |      |      |        |        |         |      |         |      |          |        |             |

EMPLOYEE SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

SUPERVISOR SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_