

CLASSIFIED EMPLOYEE TIME SHEET GROSSMONT UNION HIGH SCHOOL DISTRICT

NAME _____
Last First M

SCHOOL _____

JOB TITLE _____

MONTH ENDING _____

PSL# _____

SOC SEC# _____
 MUST be completed by employee

Date	Day of week	Time		#Hrs
		From	To	
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				
31				
TOTAL				

# Hrs	Account Number	\$ Amount

Check if overtime _____

PAYROLL USE ONLY					
Posit#	OT	Time	Rate	Line	Month

COMMENTS:

Benefits: Worked _____ hours

Used: S/L _____ PN _____ VAC _____

 EMPLOYEE'S SIGNATURE

 DEPARTMENT HEAD AUTHORIZATION

*If an employee works over 5 continuous hours,
 1/2 hour must be indicated for a lunch break.*

Example: 8:00 a.m. - 2:00 p.m. = 5.5 hours