

Last Name _____

Print

First Name _____

Print

Employee ID# _____

LIFE SKILLS - CLASSIFIED

Payroll Time Sheet

Months _____ / _____ Year _____

LOCATION:

**IA and Temporary
Lane Education Service District**

Record number of hours worked, number of hours of leave taken and/or number of hours of additional time for each working day of the month. Identify type of leave taken by putting the proper symbol in the small box next to the hours.

- S - Sick Leave B - Bereavement Leave
- F - Family Illness J - Jury Duty
- H - Holiday L - Leave Without Pay
- P - Personal Leave A - Association Leave

PLEASE EMAIL YOUR COMPLETED TIMECARD TO YOUR TEACHER OR SUPERVISOR

I hereby certify that this is a true and correct report of the time I have worked during the dates indicated.

Day	Regular	Leave	Additional
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			
26			

Day	Regular	Leave	Additional
27			
28			
29			
30			
31			
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
Total			

Employee Signature

Supervisor Signature

For ESD Use Only

Additional Hours _____ x _____ = _____

Overtime Hours _____ x _____ = _____

Acct# _____