

Last Name \_\_\_\_\_

Print

First Name \_\_\_\_\_

Print

Employee ID# \_\_\_\_\_

**SIGN LANGUAGE**

**Payroll Time Sheet**

Months \_\_\_\_\_ / \_\_\_\_\_ Year \_\_\_\_\_

**INTERPRETER**

**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.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Supervisor Signature

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			

**For ESD Use Only**

Additional Hours \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_

Overtime Hours \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_

Acct# 282-2680-000-000-000-112