

TIME SHEET FOR
SUBS AND EXTRA
DUTY HRS

LICENSED / CLASSIFIED / CONFIDENTIAL
CIRCLE ONE

Month/Month Year

NAME _____ POSITION WORKED _____ BUILDING WORKED AT _____

Important Note: This form must be returned to the ESD on the 10th of each month.

If you have not worked for the ESD before, you must come to the ESD office to complete an I-9 and a W-4.

Date	Begin Time	End Time	Lunch PD YES/NO	Total Hours Worked	EXTRA DUTY/	(For District Use Only)
					COMMENTS/	POSITION WORKED
					SUBBED FOR	(IF DIFFERENT POSITIONS WORKED IN PAY PERIOD.)
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

DUE TO PAYROLL BY THE 10th OF EACH MONTH

AS PER ARE & ARESP CONTRACTS: PAYDAYS SHALL BE THE 20th OF EACH MONTH OR THE LAST WEEK DAY CLOSEST TO IT.

EMPLOYEE'S SIGNATURE

BUILDING ADMINISTRATOR'S SIGNATURE