PUSD Payroll Timesheet

Due in the payroll office no later than the 2nd working day of the month

Comp time, extra time, overtime, and out-of-class work <u>MUST be pre-approved</u> by the Principal or Site Administrator and funding must be identified. All bargaining unit agreements and Board Policies *must* be followed to be valid. Email this time sheet to your Principal's Secretary/Administrative Assistant, who will review the timesheet and then forward to the Principal/Department Administrator. You can request a copy of the signed time sheet for your records as well.

Name:			Employee No.#:				
Payroll Period:			11, 20	_ to		10, 20	
O1: /D :	•	month)			(month)	_	_
Site/Dept.:			_ Signature:			Page _	of
Date	Hours Worked		Time Category (check one)			Description of Work Performed	
		Comp Time	Overtime	Extra Time	Out of Class		
Start Time	End Time		SACS			Approval	Date
					. - _		
Date	Hours Worked	_	Time Category (check one)			Description of Work Performed	
		Comp Time	Overtime	Extra Time	Out of Class	·	
Start Time	End Time		SACS	#		Approval	Date
Date	Hours Worked		Time Category (Description of Work F	Performed
		Comp Time	Overtime	Extra Time	Out of Class		
Start Time	End Time		SACS	#		Approval	Date
Date	Hours Worked		Time Category (check one)		Description of Work F	Performed
		Comp Time	Overtime	Extra Time	Out of Class	·	
Start Time	End Time		SACS	#		Approval	Date
Date	Hours Worked	Time Category (check one)				Description of Work Performed	
		Comp Time	Overtime	Extra Time	Out of Class	·	
Start Time	End Time		SACS	#		Approval	Date
Date	Hours Worked		Time Category (check one)		Description of Work Performed	
		Comp Time	Overtime	Extra Time	Out of Class		
Start Time	End Time		SACS	#		Approval	Date
Date	Hours Worked		Time Category (check one)		Description of Work F	Performed
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Start Time	End Time		SACS	#		Approval	Date
Date	Hours Worked		Time Category (check one)		Description of Work F	Performed
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Start Time	End Time		SACS	#		Approval	Date
Date	Hours Worked		Time Category (check one)		Description of Work F	Performed
		Comp Time	Overtime	Extra Time	Out of Class		
Start Time	End Time		SACS	#		Approval	Date
		<u>-</u>					
TOTAL HOURS COM		COMP TIME	OVERTI	ME	EXTRA TIME	OUT OF CLASS	TOTAL
WORKED		hrs		hrs	hrs	hrs	hrs
					cipal/Department Head		
						f business on the 2nd day of	the month:

Date: ____

Rae Cuyugan <u>acuyugan@pittsburgusd.net</u> - Certificated OR Richard Garcia <u>rgarcia@pittsburgusd.net</u> - Classified

Employee Email: ____