

NOVATO UNIFIED SCHOOL DISTRICT

**MONTHLY / HOURLY TIMESHEET**

EMPLOYEE NAME: \_\_\_\_\_ SITE: \_\_\_\_\_

EMPLOYEE ID #: \_\_\_\_\_ EMPLOYEE SIGNATURE: \_\_\_\_\_ MONTH \_\_\_\_\_ 20\_\_

CERTIFICATED     
  CLASSIFIED: **(Select One)**     
  REGULAR PAY (Part Time Emp/Addtl Time)     
  COMP-TIME (Full Time Emp)     
  OVERTIME (Full Time Emp)

DATE	TIME IN	LUNCH	TIME OUT	HOURS	REASON	BUDGET CODE
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						
<b>TOTAL HOURS:</b>						

**NOTE:** Timesheets must be signed by the site administrator. Submit timesheets to the Payroll Department (District Office) by the last day of each month. If submitting overtime, comp-time, or additional time - attach a copy of your signed pre-approval form. **KEEP A COPY FOR YOUR RECORDS.**

**❖ TIMESHEETS RECEIVED AFTER THE DUE DATE WILL NOT BE PROCESSED UNTIL THE NEXT PAY PERIOD ❖**

\_\_\_\_\_

Administrator's Signature *(required)*

\_\_\_\_\_

Date

TOTAL HOURS PER BUDGET CODE BELOW:

BUDGET CODE:		TOTAL HOURS:	
BUDGET CODE:		TOTAL HOURS:	
BUDGET CODE:		TOTAL HOURS:	
BUDGET CODE:		TOTAL HOURS:	