WEST BONNER COUNTY SCHOOL DISTRICT #83
TIMESHEET

Employee Name:_____ **Location:**_____

Payroll Period Covered:_____ **to** _____
Month/Day/Year **Month/Day/Year**

Directions: Please mark your hours under the appropriate date. If time is sick leave, personal leave or vacation mark the hours and place an S, P, or V next to hours to designate the type of leave.

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	11	12	13	14	15

Regular Hours _____ **Rate:** _____ **Total $:** _____ **P/R Code:** _____

O/T Hours* _____ **Rate:** _____ **Total $:** _____ **P/R Code:** _____

Extra Duty* _____ **Rate:** _____ **Total $:** _____ **P/R Code:** _____

Laundry _____ **Rate:** _____ **Total $:** _____ **P/R Code:** _____

***Explanation:**_____

ADDENDUM FOR EXTRA ASSIGNMENTS

Duties Performed: _____

Amount to be Paid: _____ **P/R Code:** _____

_____ **Lump Sum to be Paid on** _____ **Payroll** **OR** _____ **Spread Over** _____ **Payrolls Starting** _____

Employee Signature:_____ **Date:**_____

Supervisor Approval:_____ **Date:**_____

USE GREEN PAPER