



Parlier Unified School District

CLASSIFIED TIME REPORT

FOR THE MONTH OF _____, 20____

(Pay Period ends the last working day of the month. Payday is the last working day of the following month.)

APPROVED FORMS ARE DUE AT THE DISTRICT PAYROLL OFFICE ON THE LAST WORKING DAY OF THE MONTH.

All Timesheets must be approved by the Supervisor

Employee Name: _____ Social Security Number: XXX-XX-
Last Four Digits Only

Program Name: _____

Account Classification: _____
Fu Re PY Gl Fn Ob Si L1 L2

Pay Type: Paid Time at Regular Time Paid Time @ Time & One Half Comp Time (not to exceed 24 hours)

Date:	Duties Performed:	Site/Dept.:	Substitute For:	Beginning	Ending Time:	Total Hrs.
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						

I hereby certify that this a true and accurate report of hours worked.

TOTAL HOURS:

Employee Signature Date Supervisor / Administrator Approval Date

PAYROLL USE ONLY			
Month Paid:	Notes:	Regular Time	Time & One Half
		Hours:	
		X Rate of Pay:	
		TOTAL PAID:	