

TIME SHEET FOR PAYMENTS TO BOARD EMPLOYEES
BY OUTSIDE ORGANIZATIONS/FACILITY FEE

(PINK PAPER)

SCHOOL _____ PAY PERIOD _____

ID # _____ NAME _____

GROUP RESPONSIBLE FOR PAYMENT: _____

ADDRESS _____

FIRST WEEK

DATE	SATURDAY	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	
TIME IN								TOTAL PER WEEK
TIME OUT								
TIME IN								
TIME OUT								
TOTAL HRS PER DAY								

SECOND WEEK

DATE	SATURDAY	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	
TIME IN								TOTAL PER WEEK
TIME OUT								
TIME IN								
TIME OUT								
TOTAL HRS PER DAY								

Approved for Payment

Signature of Principal

Date

- 01-2140000-810-_____-00-0000-201203 - Certificated (Teachers, Principals, Lifeguards)
- 01-2140000-810-_____-00-0000-201204 - Non-Certificated (Custodian, Cafeteria, Secretaries)
- 01-2140000-810-_____-00-0000-201205 - (Overtime) Non-Certificated (Custodian, Cafeteria, Secretaries)

For Office Use Only (Refer to KG Use of School Facility Policy)

Regular Rate		
_____	x _____	= _____
Hours/Days	Rate	Amount
Overtime		
_____	x _____	= _____
Hours/Days	Rate	Amount