## SHORELINE SCHOOL DISTRICT

### Classified Timesheet Pay Request - Group Roster

Report Hours Beyond Regular Assignment. Please submit within 60 days of time worked.

**COMPLETE IN BLACK OR BLUE INK - NO PENCIL OR WHITE OUT - PLEASE INITIAL CORRECTIONS**

<table>
<thead>
<tr>
<th>Employee Legal Name</th>
<th>Employee Signature</th>
<th># of hours worked</th>
</tr>
</thead>
<tbody>
<tr>
<td>(please print or type name)</td>
<td>CERTIFICATION OF WORK: by signing below you certify that the hours worked are true and correct.</td>
<td></td>
</tr>
</tbody>
</table>

**PAY PERIOD** = Calendar month (1st - 31st) to be paid the following month. Group pay rosters are due in Payroll by the 5th of the month, in order to be paid that month.

**APPROVAL:**

Building/Program Administrator Signature

Date: _____________________________

**APPROVAL:**

Budget Administrator Signature

Date: _____________________________

**ASB Student Signature, if required**

Date: _____________________________

9/2020