

SHORELINE SCHOOL DISTRICT
CLASSIFIED EMPLOYEE TIMESHEET PAY REQUEST

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

EMPLOYEE LEGAL NAME _____ DEPARTMENT/SCHOOL _____
PRINT NAME

Pay in accordance with applicable bargaining agreement.

Mo/Day/Yr (please enter specific dates worked)	DESCRIPTION OF WORK PERFORMED	# of hours worked	Hourly Rate	Other Approved Rate	BUDGET CODE Assigned by Budget Administrator

Time Conversion Reference Tool											
*Minutes:	5	10	15	20	25	30	35	40	45	50	55
Report as:	.08	.17	.25	.33	.42	.50	.58	.67	.75	.83	.92
Total hours worked											

*Pay Period: Calendar month (1st-31st) to be paid the following month.
 Timesheet Pay Requests are due in Payroll by the 5th of the month, in order to be paid that month.*

CERTIFICATION OF WORK: I certify that the above time worked is true and correct.

EMPLOYEE SIGNATURE _____ DATE SIGNED _____

APPROVAL

BUILDING/PROGRAM ADMINISTRATOR SIGNATURE DATE BUDGET ADMINISTRATOR SIGNATURE DATE

ASB STUDENT SIGNATURE, IF REQUIRED DATE

NOTES:	FOR PAYROLL USE	HRS	RATE	TOTAL PAY
	TOTALS			