SHORELINE SCHOOL DISTRICT

Certificated 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

PURPOSE: ________________________________________________________________

DATE: ___________________ TIME: From: _____ To: ________

Budget Account Code: _____________________________________________________

Rate of Pay (check one) Cert Hourly ___ PerDiem ___ Other ______

<table>
<thead>
<tr>
<th>Employee Legal Name (please print or type name)</th>
<th>Employee Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Certified by ____________________________</td>
<td>Certification of work by signing below you certify that the hours worked are true and correct.</td>
</tr>
<tr>
<td># of hours worked</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: ____________________________ DATE: __________________
Building/Program Administrator Signature

APPROVAL: ____________________________ DATE: __________________
Budget Administrator Signature

ASB Student Signature, if required DATE: __________________

4/2022