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 ___ Instructional ___ PerDiem ___ Other_____
Approved Rate

Employee Legal Name *(please print or type name)*	**Employee Signature** ***CERTIFICATION OF WORK: by signing below you certify that the hours worked are true and correct.***	**# of hours worked**

***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

_____ DATE: _____
ASB Student Signature, if required

REVISED 8/2016