SHORELINE SCHOOL DISTRICT
CERTIFICATED 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.

Classroom Coverage reported on this form (Per Diem Pay)

Mo/Day/Yr *(please enter specific dates worked)*	**DESCRIPTION OF WORK PERFORMED**	**# of hours worked**	*CERT Hourly*	*CERT Instruction*	*CERT Per Diem*	**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**
CERT Hrly		**$33.00**	
CERT Instr.		**$45.00**	
CERT PD			
TOTALS			

REVISED 10/2018