

University High School
 2611 E. Matoian Way M/S UH134
 Fresno, CA 93740-8010

CLASSIFIED HOURLY TIME SHEET
 (Substitute, Extra Help, Limited Term Employee)

Social Security # _____

Month _____ 20____

Last 4 ONLY

Employee Name _____

Mailing Address (only needed if you want your check mailed)

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Reg. Time																																
Over Time																																

Department: _____

I HEREBY CERTIFY that I have worked for University High School for all contractual hours and days indicated, and the information hereon is correct.

Description: _____

 Employee Signature

 Principal Signature

THIS REPORT MUST BE RECEIVED BY PAYROLL DEPARTMENT BY NOON OF THE 5TH

Charge to A/C # _____	Time Worked: _____	Rate: _____	Amt PD: _____
_____	Time Worked: _____	Rate: _____	Amt PD: _____
_____	Time Worked: _____	Rate: _____	Amt PD: _____
_____	Time Worked: _____	Rate: _____	Amt PD: _____
_____	Time Worked: _____	Rate: _____	Amt PD: _____

White Copy: Payroll
 Yellow Copy: Principal
 Pink Copy: Employee