



CALAVERAS COUNTY OFFICE OF EDUCATION

REGULAR Employee Timesheet

All time claims are **DUE** in the Calaveras County Office of Education by the **15TH OF THE MONTH** for payment on the last working day of the month

*CURRENT _____ YEAR _____
 MONTH _____
 CONTRACTED HOURS _____

EE ID NUMBER: _____
 EMPLOYEE NAME: _____
 (PLEASE PRINT)

PRIOR MONTH		POSITION WORKED	
DAY	HOURS	(PERSON YOU ARE SUBBING FOR)	SITE
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
31			
*CURRENT MONTH		POSITION WORKED	
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			

REGULAR TIME SHEET INSTRUCTIONS

Employee must complete and sign the time sheet. The time sheet must also be approved by a supervisor.

Only report hours that are in addition to your contracted hours – do not include contracted time or unpaid lunch breaks in hours worked. Example: Contracted hours are 6.50, which reflect 7:30 – 2:30 with a half hour lunch break. Actual worked hours for one day are 7:30 – 3:30. Only report 1 hour on timesheet for the additional time.

If filling in for an absent employee, please indicate the name of the employee you are subbing for. If not filling in for an absent employee, please identify the type of work performed.

For reporting fractional hours, please see example below:

0 to 7 minutes	=	0
8 to 22 minutes	=	.25
23 to 37 minutes	=	.50
38 to 52 minutes	=	.75
53 to 60 minutes	=	1.00

PRINT your name on the time sheet exactly as you completed your employment papers. Please do not use nicknames or abbreviations. Also include your employee ID number, if known. (Note: Your employee ID number is located on your pay check stub.)

Submit completed timesheet to your supervisor for approval.

Please note: Delay of payment results when the payroll department cannot interpret timesheet because it is illegible or has not been completed properly.

TIME SHEETS RECEIVED AFTER THE DEADLINE WILL BE PAID THE FOLLOWING MONTH.

TOTAL HOURS NOTE: DO **NOT** INCLUDE LUNCH BREAK IN HOURS WORKED

X _____

EMPLOYEE'S SIGNATURE

(I CERTIFY THAT THE HOURS AND DAYS CLAIMED ARE CORRECT)

X _____

APPROVAL OF SCHOOL ADMINISTRATOR