



## Mount Vernon School District No 320 Classified Employee Timesheet

Name \_\_\_\_\_ School/Dept \_\_\_\_\_ Month \_\_\_\_\_

| ADDITIONAL HOURS |       |                              |               | ABSENCES |       |   |                                    |
|------------------|-------|------------------------------|---------------|----------|-------|---|------------------------------------|
| Date             | Hours | Explanation<br>(be specific) | Rental<br>(X) | Date     | Hours | Reason<br>(sick, personal, emergency,<br>vacation, bereavement, unpaid) | Substitute Name<br>(if applicable) |
| 1                |       |                              |               | 1        |       |   |                                    |
| 2                |       |                              |               | 2        |       |   |                                    |
| 3                |       |                              |               | 3        |       |   |                                    |
| 4                |       |                              |               | 4        |       |   |                                    |
| 5                |       |                              |               | 5        |       |   |                                    |
| 6                |       |                              |               | 6        |       |   |                                    |
| 7                |       |                              |               | 7        |       |   |                                    |
| 8                |       |                              |               | 8        |       |   |                                    |
| 9                |       |                              |               | 9        |       |   |                                    |
| 10               |       |                              |               | 10       |       |   |                                    |
| 11               |       |                              |               | 11       |       |   |                                    |
| 12               |       |                              |               | 12       |       |   |                                    |
| 13               |       |                              |               | 13       |       |   |                                    |
| 14               |       |                              |               | 14       |       |   |                                    |
| 15               |       |                              |               | 15       |       |   |                                    |
| 16               |       |                              |               | 16       |       |   |                                    |
| 17               |       |                              |               | 17       |       |   |                                    |
| 18               |       |                              |               | 18       |       |   |                                    |
| 19               |       |                              |               | 19       |       |   |                                    |
| 20               |       |                              |               | 20       |       |   |                                    |
| 21               |       |                              |               | 21       |       |   |                                    |
| 22               |       |                              |               | 22       |       |   |                                    |
| 23               |       |                              |               | 23       |       |   |                                    |
| 24               |       |                              |               | 24       |       |   |                                    |
| 25               |       |                              |               | 25       |       |   |                                    |
| 26               |       |                              |               | 26       |       |   |                                    |
| 27               |       |                              |               | 27       |       |   |                                    |
| 28               |       |                              |               | 28       |       |   |                                    |
| 29               |       |                              |               | 29       |       |   |                                    |
| 30               |       |                              |               | 30       |       |   |                                    |
| 31               |       |                              |               | 31       |       |   |                                    |

Total  I certify that the above is an accurate record of the time worked during the period.

**Employee Signature** \_\_\_\_\_

**Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Supervisor Signature** \_\_\_\_\_

**Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

Account Code \_\_\_\_\_ Hours x \_\_\_\_\_ Hourly Rate = \$ \_\_\_\_\_

Account Code \_\_\_\_\_ Hours x \_\_\_\_\_ Hourly Rate = \$ \_\_\_\_\_

Account Code \_\_\_\_\_ Hours x \_\_\_\_\_ Hourly Rate = \$ \_\_\_\_\_

**Total Pay = \$ \_\_\_\_\_**