

Social Security Number										Last Four Digits ONLY	

EMPLOYEE TIME RECORD AND PAY AUTHORIZATION

Name _____ Session _____ Location _____

Months Included: From _____ To _____ Certificated Classified Student

MUST BE COMPLETED LEGIBLY IN INK

Date	Please Give Complete Description of Work, Program, Dept., Etc.	Time		Budget Account Number								Accounting Use Only	
		Hrs	Min	Fund	Resrce	Year	Goal	Function	Object	Site	Pay Rate	Payroll Code	

Signatures **must be original & in INK** Total Time _____

Signature: _____
Employee

Submitted by: _____
N/A

Approved by: _____
Principal

Payment Authorized: _____
District Administrator - Accounting

Fund	Resource	Year	Goal	Function	Object	Site	Time	Pay Rate

Send ORIGINAL to District - NO DUPLICATES PLEASE

Time _____