SAMPLE

PAY PERIOD: _____

CENTRAL OFFICE	Contracted Work Hours per Day	Contracted Days per Year	Section 1: If YES- no other action required	Section 1: If NO - go to section 2	Section 2: If YES- attach affidavit	Section 2: If NO - go to section 3	Section 3: If Sections 1 and 2 are NO - a timesheet is required
			Employee Worked Their Scheduled Hours Each Day		**If absent, was it a paid absence? i.e. sick, personal,**		**Employee Timesheet Completed, Signed and Attached?**
			YES	**NO**	**YES**	**NO**	**YES**
Secretary to the Superintendent	**8.00**	**260**					
CA -Student Information Coordinator	**8.00**	**250**					
VG -Accounting Clerk	**4.00**	**255**					
VG -Accounts Payable Clerk	**8.00**	**255**					
Receptionist	**8.00**	**250**					
DT -Personnel Administrative Assistant	**4.00**	**245**					
VG -Payroll Administrator	**8.00**	**255**					

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Superintendent/Designee (must be an administrator) **Date**

Initial _____ Chuck Abell

Initial _____ Vicki Goodlett

Initial _____ Diana Thomas