# Draft 06/29/2023

# PERSONNEL BQ03.121 AP.23

Certification of Time

Classified Employee TIMECARD

School Year \_\_\_\_\_\_\_-\_\_\_\_\_\_\_

Employee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- | --- | --- |
| **Day** | **Date** | **Morning** | **Afternoon** | **Leave Type3****(If applicable)** | **Total Hours** |
| **On** | **Off** | **On** | **Off** |
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| --- | --- | --- | --- | --- | --- |
| **Day** | **Date** | **Morning** | **Afternoon** | **Leave Type3****(If applicable)** | **Total Hours** |
| **On** | **Off** | **On** | **Off** |
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*I hereby certify that this time sheet is a correct statement of actual hours worked during this pay period.*

Total Hours: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Days Worked \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Sick Days Used \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Emergency Days Used \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Personal Days Used \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Holiday \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total Paid Days \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Overtime

Hourly Rate \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hours Overtime \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Overtime Rate X \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TOTAL SALARY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Overtime shall be authorized in accordance with policy 03.221

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Employee Date*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Supervisor Date*

*Fund & Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**3LEAVE KEY**

**E=emergency P=personal**

**H=holiday S=sick**

### J=jury U=unpaid

**M=military/disaster V=vacation**

**3LEAVE KEY**

**E=emergency P=personal**

**H=holiday S=sick**

### J=jury U=unpaid

**M=military/disaster V=vacation**

All employees and employee immediate supervisors must sign this form before turning in to be processed for payroll. Failure to obtain all signatures may result in a delay in your payroll check until the next payroll processing date.

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#  (Continued)

Certification of Time

Certification of time information for all certified employees shall be maintained on the state mandated information system and each school shall provide the report to the Central Office.

Classified and non-certified employees shall use timecards/district yearly attendance calendar as per Superintendent’s designation to record the hours worked.