

CERTIFICATED CONTRACT EMPLOYEES ONLY EXCESS STUDENT TIMESHEET

Pay Period for the month of _____, 20__

NAME (Print): _____ SSN: XXX-XX-_____
Must be completed or form will be returned.

SITE: _____ SUBJECT(S)/GRADE LEVEL: _____

INSTRUCTIONS: This timesheet must be submitted to **Human Resources**, along with the corresponding **Class Size** report by the **second business day of the month**. Timesheets submitted late, incomplete, incorrectly, and/or without the applicable Class Size report or applicable worksheet will result in late payment.

(Elementary Sites Only)

DATE	# of Excess Students	# of Excess Students x hrs./day
SAMPLE	3	21
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		

DATE	# of Excess Students	# of Excess Students x hrs./day
16		
17		
18		
19		
20		
21		
22		
23		
24		
25		
26		
27		
28		
29		
30		
31		

TOTAL HOURS _____

Employee Signature
I certify this report to be true, accurate and complete.

Principal/Assistant Principal Signature
I certify this report to be true, accurate and complete.

Human Resources

HUMAN RESOURCES / BUSINESS DEPARTMENT USE ONLY

RATIO: _____

RATIO: _____

ACCOUNT NUMBER

FUND RESOURCE PROJECT/YEAR GOAL FUNCTION OBJECT SITE MGMT	HOURS	RATE	TOTAL