



# Two Rock Union School District Supplemental Timesheet

Print Name \_\_\_\_\_ Employee # \_\_\_\_\_  
 Position: \_\_\_\_\_

For week ending : \_\_\_\_\_, 20\_\_\_\_  
 Rate of Pay \$ \_\_\_\_\_ per hour/day

#	Date Worked	Reason	Teacher of Grade	Time In	Time Out	*Lunch	Total Hours/ Full/Half Day	Budget #
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								

TOTAL HRS/DAYS \_\_\_\_\_ X \$ \_\_\_\_\_ = \$ \_\_\_\_\_ GROSS SALARY EARNED

*\*Lunch: a 30 minute rest period must be taken if working more than 6 hours in a single day*

All extra or overtime hours must be preapproved by your Supervisor. Timesheets are due by the 1st of the following month.  
 I hereby certify that the above claim is true and correct and that no part thereof has been paid.

Employee Signature: \_\_\_\_\_ Supervisor Signature: \_\_\_\_\_