

ESL Summer School - TIME RECORDING SHEET

NAME: _____

Please fill in the month and hours worked. When work is completed for each payroll period, sign in the space below, than FAX to 571-1232, and mail original to Pam Hulst, CAB – Room 322. (Please be sure not to include hours for non-work dates, ie. Saturday, Sunday, Holidays).

This timesheet is due on the **8th** of every month for time period 23rd thru the 8th, and the **22nd** for time period 9th thru the 22nd.

Period 23 rd – 8 th	Hours Worked	Period 9 th – 22 nd	Hours Worked
MONTH:		MONTH:	
23 rd		9 th	
24 th		10 th	
25 th		11 th	
26 th		12 th	
27 th		13 th	
28 th		14 th	
29 th		15 th	
30 th		16 th	
31 st		17 th	
1 st		18 th	
2 nd		19 th	
3 rd		20 th	
4 th		21 st	
5 th		22 nd	
6 th			
7 th			
8 th			

Signature

Employee ID Number

I, the undersigned, do hereby certify under penalty of perjury that this time report correctly reflects the attendance of the employee on this sheet for the date(s) indicated and that I am authorized to certify said time.

Authorizing Signature for Completed Work
(ESL Teacher or SLA Office)

Date