

Bolinás-Stinson Union School District Supplemental Timesheet

	Employee Name							Month / Year:		
	Social Security Number:									
Please complete this timesheet <u>daily</u>. On the last working day of each month, please sign the timesheet and submit it to the Superintendent for approval. If submitted on the last working day of the month, payment will be received by the employee on the 15th of the following month										
Any additional working hours <u>MUST</u> have prior authorization by the Superintendent.										
Authorized Hours Worked										
Item #	Date	Start Time	End Time	Start Time	End Time	Start Time	End Time	Total Hours Worked	Name of Person Substituted for and/or Explanation	
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										
17										
18										
19										
20										
21										
22										
23										
24										
25										
I hereby certify that this is a true record for the month stated									Total Hours for Month	
Employee Signature			Date		Superintendent			Date		