

BAINBRIDGE ISLAND SCHOOL DISTRICT NO. 303
CLASSIFIED EMPLOYEE TIMESHEET

Employee: _____
 Location: _____

Month/Year: September 2021
 Position: _____
 Reg. Assigned Hrs/Day: _____

Date	Day	Worked Assigned Hours (Informational)	Worked Extra Hours (1.0x)	Worked Overtime (1.5x / 2.0x)	Worked As Sub	Hours Absent	Description/Explanation	Account Code (For Admin/Office Use)
1	W							
2	R							
3	F							
4	Sa							
5	Su							
6	M							
7	T							
8	W							
9	R							
10	F							
11	Sa							
12	Su							
13	M							
14	T							
15	W							
16	R							
17	F							
18	Sa							
19	Su							
20	M							
21	T							
22	W							
23	R							
24	F							
25	Sa							
26	Su							
27	M							
28	T							
29	W							
30	R							
31								
Total								<-- Total Hours

Employee Signature _____ Date _____
 My signature certifies that these are the total number of hours that I've worked this month.

Administrator Signature _____ Date _____

BAINBRIDGE ISLAND SCHOOL DISTRICT NO. 303
CLASSIFIED EMPLOYEE TIMESHEET

Employee: _____
 Location: _____

Month/Year: October 2021
 Position: _____
 Reg. Assigned Hrs/Day: _____

Date	Day	Worked Assigned Hours (Informational)	Worked Extra Hours (1.0x)	Worked Overtime (1.5x / 2.0x)	Worked As Sub	Hours Absent	Description/Explanation	Account Code (For Admin/Office Use)
1	F							
2	Sa							
3	Su							
4	M							
5	T							
6	W							
7	R							
8	F							
9	Sa							
10	Su							
11	M							
12	T							
13	W							
14	R							
15	F							
16	Sa							
17	Su							
18	M							
19	T							
20	W							
21	R							
22	F							
23	Sa							
24	Su							
25	M							
26	T							
27	W							
28	R							
29	F							
30	Sa							
31	Su							
Total								<-- Total Hours

Employee Signature _____ Date _____
 My signature certifies that these are the total number of hours that I've worked this month.

Administrator Signature _____ Date _____

BAINBRIDGE ISLAND SCHOOL DISTRICT NO. 303
CLASSIFIED EMPLOYEE TIMESHEET

Employee: _____
 Location: _____

Month/Year: November 2021
 Position: _____
 Reg. Assigned Hrs/Day: _____

Date	Day	Worked Assigned Hours (Informational)	Worked Extra Hours (1.0x)	Worked Overtime (1.5x / 2.0x)	Worked As Sub	Hours Absent	Description/Explanation	Account Code (For Admin/Office Use)
1	M							
2	T							
3	W							
4	R							
5	F							
6	Sa							
7	Su							
8	M							
9	T							
10	W							
11	R							
12	F							
13	Sa							
14	Su							
15	M							
16	T							
17	W							
18	R							
19	F							
20	Sa							
21	Su							
22	M							
23	T							
24	W							
25	R							
26	F							
27	Sa							
28	Su							
29	M							
30	T							
31								
Total								<-- Total Hours

Employee Signature _____ Date _____
 My signature certifies that these are the total number of hours that I've worked this month.

Administrator Signature _____ Date _____

BAINBRIDGE ISLAND SCHOOL DISTRICT NO. 303
CLASSIFIED EMPLOYEE TIMESHEET

Employee: _____
 Location: _____

Month/Year: December 2021
 Position: _____
 Reg. Assigned Hrs/Day: _____

Date	Day	Worked Assigned Hours (Informational)	Worked Extra Hours (1.0x)	Worked Overtime (1.5x / 2.0x)	Worked As Sub	Hours Absent	Description/Explanation	Account Code (For Admin/Office Use)
1	W							
2	R							
3	F							
4	Sa							
5	Su							
6	M							
7	T							
8	W							
9	R							
10	F							
11	Sa							
12	Su							
13	M							
14	T							
15	W							
16	R							
17	F							
18	Sa							
19	Su							
20	M							
21	T							
22	W							
23	R							
24	F							
25	Sa							
26	Su							
27	M							
28	T							
29	W							
30	R							
31	F							
Total								<-- Total Hours

Employee Signature _____ Date _____
 My signature certifies that these are the total number of hours that I've worked this month.

Administrator Signature _____ Date _____

BAINBRIDGE ISLAND SCHOOL DISTRICT NO. 303
CLASSIFIED EMPLOYEE TIMESHEET

Employee: _____
 Location: _____

Month/Year: January 2022
 Position: _____
 Reg. Assigned Hrs/Day: _____

Date	Day	Worked Assigned Hours (Informational)	Worked Extra Hours (1.0x)	Worked Overtime (1.5x / 2.0x)	Worked As Sub	Hours Absent	Description/Explanation	Account Code (For Admin/Office Use)
1	Sa							
2	Su							
3	M							
4	T							
5	W							
6	R							
7	F							
8	Sa							
9	Su							
10	M							
11	T							
12	W							
13	R							
14	F							
15	Sa							
16	Su							
17	M							
18	T							
19	W							
20	R							
21	F							
22	Sa							
23	Su							
24	M							
25	T							
26	W							
27	R							
28	F							
29	Sa							
30	Su							
31	M							
Total								<-- Total Hours

Employee Signature _____ Date _____
 My signature certifies that these are the total number of hours that I've worked this month.

Administrator Signature _____ Date _____

BAINBRIDGE ISLAND SCHOOL DISTRICT NO. 303
CLASSIFIED EMPLOYEE TIMESHEET

Employee: _____
 Location: _____

Month/Year: _____ February 2022
 Position: _____
 Reg. Assigned Hrs/Day: _____

Date	Day	Worked Assigned Hours (Informational)	Worked Extra Hours (1.0x)	Worked Overtime (1.5x / 2.0x)	Worked As Sub	Hours Absent	Description/Explanation	Account Code (For Admin/Office Use)
1	T							
2	W							
3	R							
4	F							
5	Sa							
6	Su							
7	M							
8	T							
9	W							
10	R							
11	F							
12	Sa							
13	Su							
14	M							
15	T							
16	W							
17	R							
18	F							
19	Sa							
20	Su							
21	M							
22	T							
23	W							
24	R							
25	F							
26	Sa							
27	Su							
28	M							
29								
30								
31								
Total								<-- Total Hours

Employee Signature _____ Date _____
 My signature certifies that these are the total number of hours that I've worked this month.

Administrator Signature _____ Date _____

BAINBRIDGE ISLAND SCHOOL DISTRICT NO. 303
CLASSIFIED EMPLOYEE TIMESHEET

Employee: _____
 Location: _____

Month/Year: _____ March 2022
 Position: _____
 Reg. Assigned Hrs/Day: _____

Date	Day	Worked Assigned Hours (Informational)	Worked Extra Hours (1.0x)	Worked Overtime (1.5x / 2.0x)	Worked As Sub	Hours Absent	Description/ Explanation	Account Code (For Admin/Office Use)
1	T							
2	W							
3	R							
4	F							
5	Sa							
6	Su							
7	M							
8	T							
9	W							
10	R							
11	F							
12	Sa							
13	Su							
14	M							
15	T							
16	W							
17	R							
18	F							
19	Sa							
20	Su							
21	M							
22	T							
23	W							
24	R							
25	F							
26	Sa							
27	Su							
28	M							
29	T							
30	W							
31	R							
Total								<-- Total Hours

Employee Signature _____ Date _____
 My signature certifies that these are the total number of hours that I've worked this month.

Administrator Signature _____ Date _____

BAINBRIDGE ISLAND SCHOOL DISTRICT NO. 303
CLASSIFIED EMPLOYEE TIMESHEET

Employee: _____
 Location: _____

Month/Year: April 2022
 Position: _____
 Reg. Assigned Hrs/Day: _____

Date	Day	Worked Assigned Hours (Informational)	Worked Extra Hours (1.0x)	Worked Overtime (1.5x / 2.0x)	Worked As Sub	Hours Absent	Description/Explanation	Account Code (For Admin/Office Use)
1	F							
2	Sa							
3	Su							
4	M							
5	T							
6	W							
7	R							
8	F							
9	Sa							
10	Su							
11	M							
12	T							
13	W							
14	R							
15	F							
16	Sa							
17	Su							
18	M							
19	T							
20	W							
21	R							
22	F							
23	Sa							
24	Su							
25	M							
26	T							
27	W							
28	R							
29	F							
30	Sa							
31								
Total								<-- Total Hours

Employee Signature _____ Date _____
 My signature certifies that these are the total number of hours that I've worked this month.

Administrator Signature _____ Date _____

BAINBRIDGE ISLAND SCHOOL DISTRICT NO. 303
CLASSIFIED EMPLOYEE TIMESHEET

Employee: _____
 Location: _____

Month/Year: _____ **May 2022**
 Position: _____
 Reg. Assigned Hrs/Day: _____

Date	Day	Worked Assigned Hours (Informational)	Worked Extra Hours (1.0x)	Worked Overtime (1.5x / 2.0x)	Worked As Sub	Hours Absent	Description/Explanation	Account Code (For Admin/Office Use)
1	Su							
2	M							
3	T							
4	W							
5	R							
6	F							
7	Sa							
8	Su							
9	M							
10	T							
11	W							
12	R							
13	F							
14	Sa							
15	Su							
16	M							
17	T							
18	W							
19	R							
20	F							
21	Sa							
22	Su							
23	M							
24	T							
25	W							
26	R							
27	F							
28	Sa							
29	Su							
30	M							
31	T							
Total								<-- Total Hours

Employee Signature _____ Date _____
 My signature certifies that these are the total number of hours that I've worked this month.

Administrator Signature _____ Date _____

BAINBRIDGE ISLAND SCHOOL DISTRICT NO. 303
CLASSIFIED EMPLOYEE TIMESHEET

Employee: _____
 Location: _____

Month/Year: June 2022
 Position: _____
 Reg. Assigned Hrs/Day: _____

Date	Day	Worked Assigned Hours (Informational)	Worked Extra Hours (1.0x)	Worked Overtime (1.5x / 2.0x)	Worked As Sub	Hours Absent	Description/Explanation	Account Code (For Admin/Office Use)
1	W							
2	R							
3	F							
4	Sa							
5	Su							
6	M							
7	T							
8	W							
9	R							
10	F							
11	Sa							
12	Su							
13	M							
14	T							
15	W							
16	R							
17	F							
18	Sa							
19	Su							
20	M							
21	T							
22	W							
23	R							
24	F							
25	Sa							
26	Su							
27	M							
28	T							
29	W							
30	R							
31								
Total								<-- Total Hours

Employee Signature _____ Date _____
 My signature certifies that these are the total number of hours that I've worked this month.

Administrator Signature _____ Date _____

BAINBRIDGE ISLAND SCHOOL DISTRICT NO. 303
CLASSIFIED EMPLOYEE TIMESHEET

Employee: _____
 Location: _____

Month/Year: _____ July 2022
 Position: _____
 Reg. Assigned Hrs/Day: _____

Date	Day	Worked Assigned Hours (Informational)	Worked Extra Hours (1.0x)	Worked Overtime (1.5x / 2.0x)	Worked As Sub	Hours Absent	Description/Explanation	Account Code (For Admin/Office Use)
1	F							
2	Sa							
3	Su							
4	M							
5	T							
6	W							
7	R							
8	F							
9	Sa							
10	Su							
11	M							
12	T							
13	W							
14	R							
15	F							
16	Sa							
17	Su							
18	M							
19	T							
20	W							
21	R							
22	F							
23	Sa							
24	Su							
25	M							
26	T							
27	W							
28	R							
29	F							
30	Sa							
31	Su							
Total								<-- Total Hours

Employee Signature _____ Date _____
 My signature certifies that these are the total number of hours that I've worked this month.

Administrator Signature _____ Date _____

BAINBRIDGE ISLAND SCHOOL DISTRICT NO. 303
CLASSIFIED EMPLOYEE TIMESHEET

Employee: _____
 Location: _____

Month/Year: August 2022
 Position: _____
 Reg. Assigned Hrs/Day: _____

Date	Day	Worked Assigned Hours (Informational)	Worked Extra Hours (1.0x)	Worked Overtime (1.5x / 2.0x)	Worked As Sub	Hours Absent	Description/Explanation	Account Code (For Admin/Office Use)
1	M							
2	T							
3	W							
4	R							
5	F							
6	Sa							
7	Su							
8	M							
9	T							
10	W							
11	R							
12	F							
13	Sa							
14	Su							
15	M							
16	T							
17	W							
18	R							
19	F							
20	Sa							
21	Su							
22	M							
23	T							
24	W							
25	R							
26	F							
27	Sa							
28	Su							
29	M							
30	T							
31	W							
Total								<-- Total Hours

Employee Signature _____ Date _____
 My signature certifies that these are the total number of hours that I've worked this month.

Administrator Signature _____ Date _____