

BAINBRIDGE ISLAND SCHOOL DISTRICT NO. 303
CLASSIFIED EMPLOYEE TIMESHEET

Employee: _____
 Location: _____

Month/Year: August 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	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 _____