

BAINBRIDGE ISLAND SCHOOL DISTRICT NO. 303
CLASSIFIED EMPLOYEE TIMESHEET

Employee: _____
 Location: _____

Month/Year: _____ July 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	R							
2	F							
3	Sa							
4	Su							
5	M							
6	T							
7	W							
8	R							
9	F							
10	Sa							
11	Su							
12	M							
13	T							
14	W							
15	R							
16	F							
17	Sa							
18	Su							
19	M							
20	T							
21	W							
22	R							
23	F							
24	Sa							
25	Su							
26	M							
27	T							
28	W							
29	R							
30	F							
31	Sa							
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 _____