BURLINGTON-EDISON SCHOOL DISTRICT
Laurel W. Browning Superintendent
927 East Fairhaven Burlington, WA 98233
(360) 757-3311 Fax (360) 755-9196

# CERTIFICATED EMPLOYEE TIMESHEET

MONTH/YEAR _____ /2018 EMPLOYEE NAME: _____ POSITION: _____ SITE: _____

**ABSENCES**

| | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Date: | | | | | | | | | | | | | | | | | | | | | | | | | |
| Leave Type | | | | | | | | | | | | | | | | | | | | | | | | | |
| # of Hours Absent | | | | | | | | | | | | | | | | | | | | | | | | | |
| Leave Codes: Sick = S; Family Ill = F; Vacation = V; Bereavement = B; (Please explain relationship); Personal Day = M; Emergency Leave = E; Jury Duty = J; Unpaid = U (Please explain); Temp Absence(subbing in another position = TA; On-the-job Injury = IN; Professional Day/Workshop/Training = W | | | | | | | | | | | | | | | | | | | | | | | | | |

**ADDITIONAL TIME**

| Date | # Hours Worked | Description of Extra Time and/or Employee Subbed For | Program to Charge / Acct Code | Admin Auth Init |
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| **TOTAL** | | | | |

Employee Signature: _____ Date: ___/___/___

Supervisor Signature: _____ Date: ___/___/___

**NOTE: My signature certifies that the information on this timesheet is accurate and correct**

| Pay Code | Account Code | $Rate | Hours |
|---|---|---|---|
| TEX3 | | Per Diem $ | |
| TSST5 | | Per Diem $ | |
| TEX3 | | Curriculum Rate $ | |
| TSST5 | | | |

**Entered:**

Timesheets for all staff are from the first of the month to the end of the month. Submit to payroll by the 3rd working day of the following month.

**(Reproduce in Blue)**

**Revised 08/17/2018**