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

CLASSIFIED 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
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			
TEX3			

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 green)

Revised 08/17/2018