

MONTEREY COUNTY OFFICE OF EDUCATION - HOURLY TIMESHEET

Office use only:
Daily prorated hours:

EMPLOYEE NAME (PRINT): _____

SOCIAL SECURITY NUMBER: _____ XXX-XX-_____

DIVISION: _____

INSTRUCTIONS:

Please fill out this form daily. When completed, sign and forward immediately to your division at the county office. All time sheets are cut off on the 10th of the month. When the 10th falls on a Saturday or Sunday, the preceding Friday will be the cut-off date. Employees are responsible for turning in time sheets by the cut-off date to INSURE PAYMENT.

PAY PERIOD FROM _____	TO _____
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DAY	TIME IN	TIME OUT	REGULAR HOURS	FOR OFFICE USE ONLY			LOCATION/DUTIES	SUPV APPRVL	OTHER / VAC/SICK
				EXTRA REG RATE	OVT HOURS	TOTAL HOURS			
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									
21									
22									
23									
24									
25									
26									
27									
28									
29									
30									
31									
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
TOTAL HOURS									

EMPLOYEE SIGNATURE _____
DATE _____
DIVISION APPROVAL _____
DATE _____

Fund	Resource	Yr	Goal	Function	Object	School	Local	Manager	HOURS:

TOTAL HOURS:									_____

Business Office Use Only:		<i>Amount paid on this timesheet:</i>
PERS reg. creditable hours	_____	_____
PERS creditable over time hours	_____	_____
Non creditable over time hours	_____	_____