

# FAIRFIELD PUBLIC SCHOOLS HOURLY TIMESHEET

**All information must be PRINTED in INK and legible.**  
**Failure to complete this form or to submit it by the deadline required, will delay the pay date.**

## BI-WEEKLY PAYROLL TIMESHEET

NAME \_\_\_\_\_  
(PRINT)

EMPLOYEE ID# \_\_\_\_\_  
(your ID can be found on your pay stub)

SCHOOL / DEPT \_\_\_\_\_

ACCOUNT NUMBER (REQUIRED) \_\_\_\_\_

WORK PERFORMED \_\_\_\_\_  
(JOB BEING PERFORMED DURING THESE HOURS, NOT YOUR CONTRACTED POSITION TITLE)

	DATE	Time Worked		Lunch Break	Total Hours LESS Lunch	<i>Notes: (for Dept. Payroll use only)</i>	
		Started	Finished				
MON							
TUE							
WED							
THU							
FRI							
MON							
TUE							
WED							
THU							
FRI							
					<b>Rate</b>	<b>Amount Due</b>	
					\$	\$	
				<b>TOTAL HOURS</b>			

*To help calculate hours:*  
 15 minutes = .25  
 30 minutes = .50  
 45 minutes = .75

Employee Signature \_\_\_\_\_

Date: \_\_\_\_\_

Administrator Name \_\_\_\_\_  
(PRINT)

Administrator Signature \_\_\_\_\_

Date: \_\_\_\_\_

USE THIS FORM TO REPORT ANY HOURLY WORK OF ALL EMPLOYEES.

**ORIGINAL SIGNATURES REQUIRED - SUBMIT ONLY THE ORIGINAL**