

**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.**

**SAMPLE
BI-WEEKLY PAYROLL TIMESHEET**

NAME _____
ENTER YOUR NAME HERE
(PRINT)

EMPLOYEE ID# _____ **ID is found on your badge**
(your ID can be found on your pay stub)

SCHOOL / DEPT _____ **LOCATION WORK IS PERFORMED**

XX-XXXX-XXX-XXX
ACCOUNT NUMBER (REQUIRED)

WORK PERFORMED _____ **Clerical, Tutoring, curriculum, detention, etc.**
(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> <div style="border: 1px solid red; border-radius: 50%; padding: 10px; text-align: center; margin: 10px auto; width: 80%;"> <p>Always use ink when filling out this timesheet Timesheets filled out in pencil will be returned and can delay processing</p> </div>				
		Started	Finished							
MON										
TUE										
WED										
THU										
FRI										
MON										
TUE										
WED										
THU										
FRI										
					TOTAL HOURS					
						<table style="width: 100%; border: none;"> <tr> <td align="right">Rate</td> <td align="right">Amount Due</td> </tr> <tr> <td align="right">\$</td> <td align="right">\$</td> </tr> </table>	Rate	Amount Due	\$	\$
Rate	Amount Due									
\$	\$									

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

Employee Signature _____ **YOUR SIGNATURE HERE**

Date: _____ **DATE SIGNED**

Administrator Name _____ **PRINT ADMINISTRATOR NAME**
(PRINT)

Administrator Signature _____ **ADMINISTRATOR SIGNATURE**

Date: _____ **DATE SIGNED**

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

ORIGINAL SIGNATURES REQUIRED - SUBMIT ONLY THE ORIGINAL