

# 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** \_\_\_\_\_ **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: 2px solid red; border-radius: 50%; width: 150px; height: 150px; margin: 20px auto; text-align: center; padding: 10px;"> <p><b>Always use ink when filling out this timesheet</b></p> <p><b>Timesheets filled out in pencil will be returned and can delay processing</b></p> </div>
		Started	Finished			
MON						
TUE						
WED						
THU						
FRI						
MON						
TUE						
WED						
THU						
FRI						
<b>TOTAL HOURS</b>						

**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**