



**Our Children. Learning Today. Leading Tomorrow.
PASADENA UNIFIED SCHOOL DISTRICT
BUSINESS SERVICES**

CERTIFICATED HOURLY

PAY PERIOD

EMPLOYEE NAME _____ EID / SSN _____

TRAINING / ASSIGNMENT DESCRIPTION : _____

INSTRUCTIONS All information **MUST** be completed in **BLUE INK** and submitted to the payroll office with required signatures on the assigned **DUE DATE**. Refer to Payroll Schedule for timesheet **DUE DATE**. ***Incomplete timesheets will be return to timekeeper resulting in late payment.***

Fund	Resource-Year	Goal	Function	Object	Location

PR NUMBER

RATE

OFFICE USE ONLY
PC NUMBER :

DATE	WORK HOURS START - END	WORK HOURS START - END	TOTAL
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
VERIFICATION INITIALS (TIMEKEEPER)	TOTAL HOURS		

Employee signature Date

Department / Location

Supervisor/Administrator signature Date