



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

# CERTIFICATED HOURLY

PAY PERIOD
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EMPLOYEE NAME \_\_\_\_\_ EID / SSN \_\_\_\_\_

TRAINING / ASSIGNMENT DESCRIPTION: MIDDLE / SECONDARY INTERNAL COVERAGE

**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
<b>\$ 31.23</b>

OFFICE USE ONLY  
PC NUMBER :

DATE	ABSENT TEACHERS NAME	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)		<b>TOTAL HOURS</b>	

\_\_\_\_\_  
Employee signature Date

\_\_\_\_\_  
Department / Location

\_\_\_\_\_  
Supervisor/Administrator signature Date