Pasadena Unified School District

Fiscal Services

351 South Hudson Avenue, Room 112
Pasadena, CA 91109

CERTIFICATED EMPLOYEE TIME SHEET

From: **To:**

Pay period

School / Department

Employee Name (Please Print)

Department Head (Please Print Name)

Employee Signature

Department Head Signature **Date**

Employee Identification Number

Principal Signature **Date**

	Date Worked	No. of Hours	Rate $	Fund	Resource/Proj.Yr	Goal	Function	Object	Location	Personnel Req #
1.										
2.										
3.										
4.										
5.										
6.										
7.										
8.										
9.										
10.										
11.										
12.										
13.										
14.										
15.										
16.										
17.										
18.										
19.										
20.										
21.										
22.										
Total Hours										