



# Daily Timesheet

This timesheet is to be used by employees who were appointed by the Board of Education to positions that are per diem.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

Position: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Pay Period #: \_\_\_\_\_

Please indicate which days were worked with the following: **FD** (Full Day) **HD-AM** (Half Day, Am worked) or **HD-PM** (Half Day, Pm Worked)

Date	Sun.	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.
Days Worked Full/Half														
Teacher/Aide who you worked for														
Administrator's Initials														

<i>I hereby certify under penalty of perjury that I have worked all of the days on this time sheet as authorized by my Supervisor. I further understand that an incomplete or inaccurate time sheet may result in a delayed paycheck.</i>	<i>I hereby certify that the above work days are true and correct to the best of my knowledge and were authorized in accordance with the HCSD policies and procedures. I further understand that timesheets will be returned for correction and may delay processing and payment for the employee.</i>	<b>BUSINESS OFFICE ONLY:</b>  <b>Total Days Worked:</b> _____
<b>Employee Signature:</b>	Administrator's Initial's above certify accordingly	<b>Rate Per Day:</b> _____
<b>Date:</b>		<b>Total Amount Earned:</b> _____