

BELLEVUE CITY SCHOOL DISTRICT
CERTIFIED EMPLOYEE TIME SHEET

EMPLOYEE NAME _____

ID NUMBER (your initials + last four digits of your Social Security Number) _____

Position: Summer School Instructor

DATE WORKED	ABSENT TEACHER (if applicable)	BEGINNING TIME	ENDING TIME	TOTAL TIME (hours)	ACCOUNT NUMBER (Payroll Office use only)
					001-1190-112-1000

Signature of Employee

Signature of Principal/Supervisor

-----DO NOT WRITE BELOW THIS LINE-----
(Payroll Office use only)

TOTAL NUMBER OF HOURS _____

RATE OF PAY _____

TOTAL PAY _____