

**BELLEVUE CITY SCHOOL DISTRICT**  
**CLASSIFIED EMPLOYEES TIME SHEETS**  
**SUMMER SCHOOL TEACHER'S AIDE**

EMPLOYEE NAME \_\_\_\_\_

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

ACCOUNT NUMBER (office use only) \_\_\_\_\_

POSITION \_\_\_\_\_ DATE \_\_\_\_\_

DATE WORKED	TOTAL TIME WORKED	AM TIME BEGIN	AM TIME END	PM TIME BEGIN	PM TIME END	REASON OF TIME WORKED
						001-2183-142

\_\_\_\_\_  
 Signature of Employee

\_\_\_\_\_  
 Signature of Principal/Supervisor

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

TOTAL HOURS \_\_\_\_\_ @ \$ \_\_\_\_\_ PER HOUR = \$ \_\_\_\_\_ AMOUNT OWED