BELLEVUE CITY SCHOOL DISTRICT

CERTIFIED EMPLOYEE TIME SHEET

EMPLOYEE NAME_____

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

Position _____ **School _____**

DATE WORKED	ABSENT TEACHER (if applicable)	BEGINNING TIME	ENDING TIME	TOTAL TIME (days or hours)	Principal indicate ½ or full day	ACCOUNT NUMBER (Payroll Office use only)
						001-1190-112

_____ _____

Signature of Employee **Signature of Principal/Supervisor**

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

TOTAL NUMBER OF DAYS OR HOURS _____

RATE OF PAY x $_____

TOTAL PAY = $_____

(Revised 10/14/08)