

EMPLOYEE TIME SHEET

Mill Valley School District

411 Sycamore Ave
 Mill Valley, CA 94941
 389-7700 Fax 389-7773

Name _____

- EM OM PK TV SP MS
 DO DW

Date	Hours Worked	Total Hours	Comment
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
31			

Month: _____

Position/Activity:

Regular Pay Rate:

\$

Overtime Pay Rate:

TOTAL HOURS:

Employee Signature: _____

Date _____

Approved by _____
Principal / Supervisor

Date _____

Employee Time Sheets must be submitted to the District Office by the 2nd of the month for work completed in the prior month for payment on the Mid Month Payroll. Any time sheets submitted on the 3rd of the month or later will be paid the following month.

Business Office: _____

Account Code: _____

Date Paid _____