

Timesheet



Employee Name: _____
 Social Security Number: _____
 Department/School Site: _____
 Account Classification: _____
 Pay Period Ending: _____
 Today's Date: _____

Bakersfield City School District
 1300 Baker Street Bakersfield, CA
 93305

Phone: (661) 631-4700
 Fax: (661) 324-3191

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

List of Codes: S - Sick Leave, O - Own Time, A - Personal Necessity, F - Funeral, R - Family Illness, I - Industrial Accident, P - Personal Leave

I certify that I worked the above extra time as indicated.

Employee Signature: _____

I certify that the above named employee was on duty for extra time as indicated.

Department Head Signature: _____