

BAINBRIDGE ISLAND SCHOOL DISTRICT NO. 303
CLASSIFIED EMPLOYEE TIMESHEET

Employee: _____
 Location: _____

Month/Year: August 2023
 Position: _____
 Reg. Assigned Hrs/Day: _____

Date	Day	Worked Assigned Hours (Informational)	Worked Extra Hours (1.0x)	Worked Overtime (1.5x / 2.0x)	Worked As Sub	Hours Absent	Description/ Explanation	Account Code (For Admin/Office Use)
1	T							
2	W							
3	R							
4	F							
5	Sa							
6	Su							
7	M							
8	T							
9	W							
10	R							
11	F							
12	Sa							
13	Su							
14	M							
15	T							
16	W							
17	R							
18	F							
19	Sa							
20	Su							
21	M							
22	T							
23	W							
24	R							
25	F							
26	Sa							
27	Su							
28	M							
29	T							
30	W							
31	R							
Total								<-- Total Hours

Employee Signature _____ Date _____

Administrator Signature _____ Date _____

My signature certifies that these are the total number of hours that I've worked this month.