

**BAINBRIDGE ISLAND SCHOOL DISTRICT NO. 303
CLASSIFIED EMPLOYEE TIMESHEET**

Employee: _____
Location: _____

Month/Year: January 2024
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	M							
2	T							
3	W							
4	R							
5	F							
6	Sa							
7	Su							
8	M							
9	T							
10	W							
11	R							
12	F							
13	Sa							
14	Su							
15	M							
16	T							
17	W							
18	R							
19	F							
20	Sa							
21	Su							
22	M							
23	T							
24	W							
25	R							
26	F							
27	Sa							
28	Su							
29	M							
30	T							
31	W							
Total								<-- Total Hours

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

Administrator Signature _____ Date _____