

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

Employee: _____
Location: _____

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