

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

Employee: _____
Location: _____

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