

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

Employee: _____
Location: _____

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