

CUCAMONGA SCHOOL DISTRICT
 Business Services
 2022-2023 **CLASSIFIED CONTRACT** Payroll Schedule
(GREEN TIMESHEETS ONLY)

Individual employees are responsible for their completed timesheet being received by the Payroll Office by 4:00 p.m. on the due date. Both the employee and site administrator/designee must sign timesheets for each assignment worked. Timesheets must be completed for each reporting period. **Any timesheets received after the due dates will result in pay being delayed until the following pay date. It is the employee's responsibility to submit timesheets by the due date.**

Pay-periods are typically the last day of the month (of the following month), please take weekends and holidays into consideration.

If the due date falls on a weekend/Holiday, please submit timesheets on the **PRIOR** business day.

***ALL PAY WARRANTS WILL BE MAILED TO THE EMPLOYEE'S ADDRESS ON RECORD.**

Month	Reporting Period	Timesheets Due	Pay Day
July	07/01/22 – 7/31/22	07/29/22	08/31/22
August	08/01/22 – 08/31/22	08/31/22	09/30/22
September	09/01/22 – 9/30/22	09/30/22	10/31/22
October	10/01/22 – 10/31/22	10/31/22	11/30/22
November	11/01/22 – 11/30/22	11/30/22	12/29/22
December	12/01/22 – 12/31/22	12/28/22	01/31/23
January	01/01/23 – 01/31/23	01/31/23	02/28/23
February	02/01/23 – 02/28/23	02/28/23	03/31/23
March	03/01/23 – 03/31/23	03/30/23	04/28/23
April	04/01/23 – 04/30/23	04/28/23	05/31/23
May	05/01/23 – 05/31/23	05/31/23	06/30/23
June	06/01/23 – 06/15/23	06/15/23	07/10/23
June	06/16/23 – 06/30/23	06/30/23	07/17/23

If you have questions, please call Payroll at (909) 987-8942 Ext. 8249

CUCAMONGA SCHOOL DISTRICT
CLASSIFIED CONTRACT EXTRA DUTY TIME SHEET PAID ON THE LAST WORKING DAY OF THE FOLLOWING MONTH

Employee's Legal Name (please print) _____ XXX-XX-_____
 SS# Last four digits _____ Pay Period 1st to _____, 20__

	DATE	FROM	TO	School (Hours)					DESCRIPTION OF ASSIGNMENT	SACS Resource Code	INITIAL
				DO	CUCA	LA	TOCS	RCMS			
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											
16											
17											
18											
19											
20											
21											
22											
Total Hours Worked				DO	CUCA	LA	TOCS	RCMS			

Approver, please ensure the information above is correct before signing. All signatures must be original ~ not stamped.
 I hereby certify that the time reported is correct.

Employee Signature: _____ **Print Name:** _____ **Date:** _____

I certify that this employee has performed satisfactory work for the hours represented on this time sheet.
Administrator Signature: _____ **Print Name:** _____ **Date:** _____
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- FOR DISTRICT OFFICE USE ONLY -

Total Hours Rate . Total Wages