



Excellence in Staffing.

Employee Name: _____
(Please Print)

Position: _____

District Name: _____

Rate of Pay: _____

GL/Budget Code: _____

Hourly/Daily Time Sheet

Day	Date	Start Time	End Time	Hours
Sunday				
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Wk 1 Subtotal				

Day	Date	Start Time	End Time	Hours
Sunday				
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Wk 2 Subtotal				

Pay Period	Time Sheet Due	Pay Date
7/28/2024	8/10/2024	8/12/2024
8/11/2024	8/24/2024	8/30/2024
8/25/2024	9/7/2024	9/9/2024
9/8/2024	9/21/2024	9/23/2024
9/22/2024	10/5/2024	10/7/2024
10/6/2024	10/19/2024	10/21/2024
10/20/2024	11/2/2024	11/4/2024
11/3/2024	11/16/2024	11/18/2024
11/17/2024	11/30/2024	12/2/2024
12/1/2024	12/14/2024	12/16/2024
12/15/2024	12/28/2024	*12/27/2024
12/29/2024	1/11/2025	1/13/2025
1/12/2025	1/25/2025	1/27/2025
1/26/2025	2/8/2025	2/10/2025
2/9/2025	2/22/2025	2/24/2025
2/23/2025	3/8/2025	3/10/2025
3/9/2025	3/22/2025	3/24/2025
3/23/2025	4/5/2025	4/7/2025
4/6/2025	4/19/2025	4/21/2025
4/20/2025	5/3/2025	5/5/2025
5/4/2025	5/17/2025	5/19/2025
5/18/2025	5/31/2025	6/2/2025
6/1/2025	6/14/2025	*6/13/2025
6/15/2025	6/28/2025	*6/27/2025
6/29/2025	7/12/2025	*7/3/2025
7/13/2025	7/26/2025	7/28/2025
7/27/2025	8/9/2025	8/11/2025

PLEASE EMAIL OR FAX COMPLETED FORM TO:
payroll@edustaff.org or EDUStaff at 877-974-6339

Total Hours/Days: _____

For Pay Period Ending: _____

Employee Signature: _____

Date: _____

District Approval: _____

Date: _____