

Last Name _____

Print

First Name _____

Print

Employee ID# _____

**Classified Employees
Payroll Time Sheet
Lane Education Service District**

Month _____ Year _____

*Record number of hours worked, number of hours of leave taken and/or number of hours of additional time for each working day of the month.
*Identify type of leave taken by putting the proper symbol in the small box next to the hours.

DATE	Regular Hours	Leave Hours	Type Enter Letter from legend	Additional Hours	For Payroll Use	DATE	Regular Hours	Leave Hours	Type Enter Letter from legend	Additional Hours	For Payroll Use
<i>*Hours over the Normal Shift are Additional hours, Overtime is based on hours actually worked (hours over 40 minus paid holiday or paid leaves)*</i>											
1						17					
2						18					
3						19					
4						20					
5						21					
6						22					
7						23					
8						24					
9						25					
10						26					
11						27					
12						28					
13						29					
14						30					
15						31					
16						TOTAL					

Types of Leaves and Earnings	
V - Vacation	P - Personal Leave
S - Sick Leave	L - Leave Without Pay
F - Family Illness	O - On the Job Injury
H - Holiday	B - Bereavement Leave
J - Jury Duty	A - Association Leave
NC - Non Contract Day	

I hereby certify that this is a true and correct report of the time I have worked during the dates indicated.

Employee Signature

Verification Signature

For ESD Use Only		
Additional Hours _____ x _____ = _____	Overtime Hours _____ x _____ = _____	Acct# _____