

TEMP WILLAMETTE ESD TIMESHEET

Updated 8.5.19

Employee's Name PRINTED _____

Employee Number _____

The hours recorded accurately reflect the time I have provided services for WESD on the dates indicated. This document serves as a basis for pay.

Employee's Signature _____

Date Signed _____

Employee's Home Phone Number (optional) _____

Job Title / Assignment _____

DAY	Date	Hours Worked	Work Description	Location
Sun				
M				
Tu				
W				
Th				
F				
Sat				
Sun				
M				
Tu				
W				
Th				
F				
Sat				
Sun				
M				
Tu				
W				
Th				
F				
Sat				
Sun				
M				
Tu				
W				
Th				
F				
Sat				
Sun				
M				
Tu				
W				
Th				
F				
Sat				
TOTAL HOURS				

2019-2020 Payday Cutoff Schedule		
Cut-off Dates	Due to Supervisor	Check Issue Date
July 1 - July 6	Jul 8, 2019	Jul 25, 2019
July 7 - Aug 3	Aug 5, 2019	Aug 23, 2019
Aug 4 - Sept 7	Sep 9, 2019	Sep 25, 2019
Sept 8 - Oct 5	Oct 7, 2019	Oct 25, 2019
Oct 6 - Nov 2	Nov 4, 2019	Nov 25, 2019
Nov 3 - Dec 7	Dec 9, 2019	Dec 20, 2019
Dec 8 - Jan 4	Jan 6, 2020	Jan 24, 2020
Jan 5 - Feb 8	Feb 10, 2020	Feb 25, 2020
Feb 9 - Mar 7	Mar 9, 2020	Mar 20, 2020
Mar 8 - Apr 4	Apr 6, 2020	Apr 24, 2020
Apr 5 - May 2	May 4, 2020	May 22, 2020
May 3 - Jun 6	Jun 8, 2020	Jun 25, 2020
Jun 7 - Jun 30	Jun 22, 2020**	Jun 30, 2020
July 1 - July 4	Jul 6, 2020	Jul 24, 2020
July 5 - Aug 8	Aug 10, 2020	Aug 25, 2020

**Please estimate hours for work done through June 30.

FOR SUPERVISOR USE ONLY:

PAYROLL:	SUPERVISOR:			
	Supervisor's Signature of Approval			Date
Job Class Code	Hours	Rate	Funding Code	TOTAL
Job Class Code	Hours	Rate	Funding Code	TOTAL
Job Class Code	Hours	Rate	Funding Code	TOTAL
Job Class Code	Hours	Rate	Funding Code	TOTAL
Job Class Code	Hours	Rate	Funding Code	TOTAL