**BARGAINING UNIT:**
____CSEA A   ____PARA   ____SPEC ED   ____SUSU   ____POLICE
____STA   ____ADULT   ____SPPA   ____USA   ____CONF   ____MGT

**CLASSIFICATION:**
____CERTIFICATED   ____CLASSIFIED   ____STUDENT

**EMPLOYEE TYPE:**
____SUBSTITUTE EMPLOYEE   ____RETIREE
____REGULAR EMPLOYEE   ____REGULAR EMPLOYEE OFF TRACK

Employee ID # _____

NAME _____

### STOCKTON UNIFIED SCHOOL DISTRICT
701 NORTH MADISON STREET • STOCKTON, CA 95202-1687

# PAYROLL TIME SHEET
**DUE IN PAYROLL NO LATER THAN THE 12TH DAY OF THE MONTH - NO EXCEPTIONS**
(IMPORTANT: See back for instructions - Refer to Item #7)

MONTH OF _____   YEAR OF _____

EMPLOYEE'S SIGNATURE _____   **Ok if blank**

**IMPORTANT:**
USE INK OR TYPEWRITER
Incomplete, illegible, or incorrect data will delay payment.

| Date | Site/Location | Job Number | * Work Performed (or) Absent Employee | Account Number | Total Hours/Days | Title/Position | Approval of Supervisor or Designee |
|------|---------------|-----------|--------------------------------------|----------------|------------------|----------------|-----------------------------------|
|      |               |           |                                      |                |                  |                | 1 |
|      |               |           |                                      |                |                  |                | 2 |
|      |               |           |                                      |                |                  |                | 3 |
|      |               |           |                                      |                |                  |                | 4 |
|      |               |           |                                      |                |                  |                | 5 |
|      |               |           |                                      |                |                  |                | 6 |
|      |               |           |                                      |                |                  |                | 7 |
|      |               |           |                                      |                |                  |                | 8 |
|      |               |           |                                      |                |                  |                | 9 |
|      |               |           |                                      |                |                  |                | 10 |
|      |               |           |                                      |                |                  |                | 11 |
|      |               |           |                                      |                |                  |                | 12 |

**DO NOT WRITE BELOW THIS LINE: FOR PAYROLL USE ONLY**   **GRAND TOTAL**

| # of Hrs/Dys | Hour Code | Rate | Total | # of Hrs/Dys | Hour Code | Rate | Total | # of Hrs/Dys | Hour Code | Rate | Total |
|--------------|-----------|------|-------|--------------|-----------|------|-------|--------------|-----------|------|-------|
|              |           |      |       |              |           |      |       |              |           |      |       |
|              |           |      |       |              |           |      |       |              |           |      |       |
|              |           |      |       |              |           |      |       |              |           |      |       |

**We now have a fillable timesheet, however a hard copy MUST be turned into Payroll. Timesheets may not be emailed.**

**Please make sure that ALL 15 areas of information are on the timesheet. Incomplete timesheets could cause a delay in payment. Please refer to the back of timesheets for helpful information.**

**Any questions, please call the payroll help desk at (209) 933-7001 ext 1**

# INSTRUCTIONS

To ensure your time report is processed, supervisors and employees are asked to follow these instructions carefully.

1. ALL ASSIGNMENTS MUST BE MADE BY THE PERSONNEL DEPARTMENT. DO NOT ACCEPT ASSIGNMENTS FROM ANYONE OTHER THAN THIS DEPARTMENT, AS IT WILL RESULT IN A DELAY OF YOUR PAYMENT.

2. All hourly work is to be recorded on this time report.

3. The supervisor or designee shall sign every line completed. The supervisor is responsible for the correctness of the time report on each assignment.

4. THE SUPERVISOR SHALL ENTER THE ACCOUNT CODE AND HOURS WORKED. THE SMALLEST UNIT IS A QUARTER HOUR, WITH THE TIME RECORDED BEING THE CLOSEST QUARTER HOUR TO THE TIME ACTUALLY WORKED.

5. Each time report shall cover a period from the eleventh day through the tenth day of the following month. Enter each day of service on a separate line as needed.

6. The employee's identification number and signature must be reflected on the lines designated on the time report–THIS IS MOST IMPORTANT.

7. The completed report, signed and dated, is filed in the Payroll Office, 701 North Madison Street, Stockton, CA 95202. Your time report may be submitted as follows:

   a. Delivered to the Payroll Office no later than the twelfth day of the month– NO EXCEPTIONS.

   b. It is the employee's responsibility to assure timely submission.

8. ALL SUBSTITUTES: A JOB NUMBER MUST BE INCLUDED TO EXPEDITE PAYMENT. FAILURE TO HAVE THE TIME REPORT IN THE PAYROLL OFFICE BY THE DESIGNATED DATE OR FAILURE TO DATE AND SIGN THE REPORT, MAY RESULT IN A DELAY TO PROCESS PAY REQUEST.

## CERTIFICATED REGULAR EMPLOYEES

This form is to be used by certificated regular employees when working extra hours.

## WORK CODES

The following codes may be used for coding work performed:

**ND** Noon Duty  **EH** Extra Help  **S** Substitute  **OT** Overtime  **NDD** Non-Duty Days

**CONF** Conference  **CBK** Call Back  **CSUB** Certificated Substitute  **WS** Workshop

**HI** Home Instruction  **PREP** Preparation Time  **OCH** Other Certificated Hourly

**ACT** Acting in Another Position  **WOC** Working Out of Class (Additional Duties)

**BARGAINING UNIT:**
X CSEA A ___ PARA ___ SPEC ED ___ SUSU ___ POLICE
___ STA ___ ADULT ___ SPPA ___ USA ___ CONF ___ MGT

**CLASSIFICATION:**
___ CERTIFICATED  X CLASSIFIED  ___ STUDENT

**EMPLOYEE TYPE:**
X SUBSTITUTE EMPLOYEE ___ RETIREE
___ REGULAR EMPLOYEE ___ REGULAR EMPLOYEE OFF TRACK

**Sample**

### STOCKTON UNIFIED SCHOOL DISTRICT
701 NORTH MADISON STREET • STOCKTON, CA 95202-1687

# PAYROLL TIME SHEET
**DUE IN PAYROLL NO LATER THAN THE 12TH DAY OF THE MONTH - NO EXCEPTIONS**
(IMPORTANT: See back for instructions - Refer to Item #7)

Employee ID # __12345678__

MONTH OF __November__   YEAR OF __2020__

NAME __Smith, Taylor__

EMPLOYEE'S SIGNATURE __Taylor Smith__

**IMPORTANT:**
USE INK OR TYPEWRITER
Incomplete, illegible, or incorrect data
will delay payment.

| Date | Site/ Location | Job Number | * Work Performed (or) Absent Employee | Account Number | Total Hours/Days | Title/ Position | Approval of Supervisor or Designee |
|------|------|------|------|------|------|------|------|
| 11/03 | Stagg | 19546 8237 | Jones, Kenna | 1-23456-7899-98765 | 8 | SST | 1  John Anderson |
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| | | | | | | | 11 |
| | | | | | | | 12 |

**DO NOT WRITE BELOW THIS LINE: FOR PAYROLL USE ONLY** — **GRAND TOTAL**

| # of Hrs/Dys | Hour Code | Rate | Total | # of Hrs/Dys | Hour Code | Rate | Total | # of Hrs/Dys | Hour Code | Rate | Total |
|------|------|------|------|------|------|------|------|------|------|------|------|
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

### Helpful Hints

(**4**)  **Employee ID #:** This is your District ID number, not your phone number or SSN

(**10**)  **Job Number:** Can also use PA or OT if applicable

(**11**)  **Work Performed/Absent Employee:** Description of extra work or acting can also go here

(**14**)  **Title/Position:** Your title/position or the title of position you are acting in