# Sacramento City Unified School District

## TIME SHEET (for Per Diem Personnel)

(from the 26th of the month through the 25th of the FOLLOWING month)

| NAME | SOCIAL SECURITY NO. | |
|---|---|---|
| POSITION | LOCATION | DATE |

| Month | Day | Time in | Time out | Hours worked | Description of work |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

| TOTAL HOURS WORKED | |
|---|---|

EMPLOYEE SIGNATURE _____Date_____

**Approved by _____**

**Submitted to _____ Phone:_____Date:_____**