Department/Building:

BETHLEHEM AREA SCHOOL DISTRICT
BIWEEKLY PAYROLL TIMESHEET

HOURLY STAFF *and/or* EXTRA DUTY TIME

Employee Name: **(As it appears on paycheck)**

__Custodian __ Tchr Aide
__Clerical __Maintenance

Employee ID:

__ Cafeteria __Hall Monitor
__Tchr Extra Duty

Pay Period

From **To**

	Date	Time In	Time Out	Hrs Worked	Vac Leave	Sick Leave	Personal Leave	Other Pd Leave *	Total Pd Hrs	Notes
Sat										
Sun										
Mon										
Tue										
Wed										
Thu										
Fri										
			Total							
ALL TIMESHEETS ARE DUE TO PAYROLL IN ACCORDANCE WITH THE PUBLISHED SCHEDULE FOR PROCESSING WITH THE NEXT REGULAR PAY			**Weekly Totals**	**Code/Hrs** **REG_____** **OTS_____** **OTX_____** **Total_____**	**Total Days** **VAC___**	**Total Days** **SCK____**	**Total Days** **PER_____**	**Total Days** _____ _____ _____	***Work in multiple bldgs must have each principal's approval prior to payment. Paid leave shown on timesheet must have a separate leave approval form.***	

	Date	Time In	Time Out	Hrs Worked	Vac Leave	Sick Leave	Personal Leave	Other Pd Leave *	Total Pd Hrs	Notes
Sat										
Sun										
Mon										
Tue										
Wed										
Thu										
Fri										
			Total							
REG Regular Pay ***ADL Additional Pay*** ***SUB Part Time Sub*** ***STU Student Reg Pay*** ***WC On Job Injury*** ***IPI Income Protection*** ***OTS OT @ 1.0*** ***OTX OT @ 1.5*** ***TDA Temp Duty Assignment*** ***EMG Emergency Day*** ***FNL Funeral*** ***JUR Jury Duty*** ***MIL Military*** ***DOC Dock Pay*** ***CTS Comp Time@1.0*** ***CTX Comp Time@1.5*** ***CTU Comp Time Used*** ***XTL Tchr Leadership Rate*** ***XTP Tchr Participant Rate***			**Weekly Totals**	**Code/Hrs** **REG_____** **OTS_____** **OTX_____** **Total_____**	**Total Days** **VAC_____**	**Total Days** **SCK_____**	**Total Days** **PER_____**	**Total Days** _____ _____ _____	***Date Rec'd by Payroll:*** _____ ***Entered By:*** _____ ***Payroll Date:*** _____	
* Use appropriate code			**Bi-Wkly Totals**	**Code/Hrs** **REG_____** **OTS_____** **OTX_____** **Total_____**	**Total Days** **VAC_____**	**Total Days** **SCK_____**	**Total Days** **PER_____**	**Total Days** _____ _____ _____		

My signature below certifies that the information shown on this sheet is true and correct.

Employee Signature Date

Principal/Supervisor Signature Date

Cabinet Signature Date