

# BEHAVIORAL ASSOCIATE (NOT EARLY INTERVENTION)

# TIMESHEET 2019 - 2020



FOR ADDITIONAL TIMESHEETS GO TO: [www.cliu.org](http://www.cliu.org). Click on Human Resources, Payroll, and Timesheets & Procedures. Print, complete, sign, and submit to your Supervisor for their signature.

BILLING SCHOOL DISTRICT \_\_\_\_\_

WORK LOCATION \_\_\_\_\_

STUDENT INITIALS \_\_\_\_\_

NAME : \_\_\_\_\_  
(Please Print)

SSN : \_\_\_\_\_  
(Last Four Only)

**WEEK 1 (SUNDAY THRU SATURDAY)**

**WEEK 2 (SUNDAY THRU SATURDAY)**

DATE	DAY	START TIME	END TIME	TOTAL HOURS	POSITION

DATE	DAY	START TIME	END TIME	TOTAL HOURS	POSITION

HOURLY RATE \$ \_\_\_\_\_ TOTAL HOURS \_\_\_\_\_ = TOTAL GROSS \$ \_\_\_\_\_

OT RATE \$ \_\_\_\_\_ OT HOURS \_\_\_\_\_ = TOTAL GROSS \$ \_\_\_\_\_

HOURLY RATE \$ \_\_\_\_\_ TOTAL HOURS \_\_\_\_\_ = TOTAL GROSS \$ \_\_\_\_\_

OT RATE \$ \_\_\_\_\_ OT HOURS \_\_\_\_\_ = TOTAL GROSS \$ \_\_\_\_\_

EMPLOYEE SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

HR - PAYROLL OFFICE USE ONLY

BUDGET ACCT NUMBER 021-1291-130 (Not Early Intervention)

RECEIVED IN HR - PAYROLL OFFICE \_\_\_\_\_

SUPERVISOR SIGNATURE \_\_\_\_\_ DATE RECEIVED \_\_\_\_\_

PAID DATE \_\_\_\_\_