

VENTURA COUNTY SCHOOLS BUSINESS SERVICES AUTHORITY

CLASSIFIED HOURLY TIMESHEET

<input type="checkbox"/> Briggs Elementary School District <input type="checkbox"/> Golden Valley Charter School <input type="checkbox"/> Mesa Union Elementary School <input type="checkbox"/> Mupu Elementary School District <input type="checkbox"/> Santa Clara Elementary School <input type="checkbox"/> Somis Academy Charter High School <input type="checkbox"/> Somis Union Elementary School <input type="checkbox"/> Ventura Charter School of Arts and Global Education <input type="checkbox"/> VCSBSA	Employee _____ PSL # _____ Position _____ Payroll Period ____ / <u>11</u> / ____ through ____ / <u>10</u> / ____
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X OUT THE WEEKENDS IN THE CALENDAR BELOW

Date	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	1	2	3	4	5	6	7	8	9	10
Regular Hours																															
Extra Hours																															
Hours Absent																															
Codes *																															

*** CODES AND REASONS FOR TIME NOT WORKED:**

- | | |
|---|--|
| H: Holiday
V: Vacation
S: Illness
PNL: Personal Necessity Leave (Limited. Deducted from sick leave.)
JD: Jury Duty
ML: Maternity Leave | B: Bereavement (Relationship): _____
Oth: Other Leave (Somis Only): _____
CT: Comp Time
RT: Release Time
WC: Workers' Compensation
WOP: Without Pay |
|---|--|

OVERTIME (Complete overtime table on back of timesheet before obtaining Supervisor's signature)	
APPROVAL IS: <input type="checkbox"/> GRANTED <input type="checkbox"/> DENIED <input type="checkbox"/> Monetary <input type="checkbox"/> Comp time	ACCOUNT(S): _____ _____

I CERTIFY THAT ALL INFORMATION IS CORRECT.

Employee Signature

Supervisor Signature

This timesheet must be received by the BSA Payroll Department by the 17th of the month.

PAYROLL USE ONLY			
LEAVE ACCOUNTING			
V: Taken _____	Earned _____	JD: Taken _____	
SICK: Taken _____	Earned _____	B: Taken _____	
PNL: Taken _____	(uses sick leave)	CT: Taken _____	Earned _____
		RT: Taken _____	
PAYROLL CALCULATIONS/ADJUSTMENTS			
Adj. Code _____	# of Units _____	Amount _____	Account # _____
Adj. Code _____	# of Units _____	Amount _____	Account # _____
Adj. Code _____	# of Units _____	Amount _____	Account # _____
Adj. Code _____	# of Units _____	Amount _____	Account # _____

Original to Payroll - Copy for District & Employee

