

## Aleutians East Borough School District

**CLASSIFIED EMPLOYEE MONTHLY TIMESHEET**

NAME \_\_\_\_\_

EIN \_\_\_\_\_

DO NOT INDICATE YOUR SOCIAL SECURITY NUMBER

ADDRESS \_\_\_\_\_

FOR THE PERIOD STARTING \_\_\_\_\_

ENDING \_\_\_\_\_

JOB TITLE \_\_\_\_\_

TOTAL HOURS \_\_\_\_\_

OVERTIME HOURS \_\_\_\_\_

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	11	12
13	14	15	<b>CODES</b>			
			H - Holiday PL - Personal Leave AL - Annual Leave		SL - Sick Leave ADM - Administrative Leave LWOP - Leave Without Pay	

I hereby certify that the hourly figures stated herein for this pay period are true and accurate.

\_\_\_\_\_  
EMPLOYEE SIGNATURE & DATE\_\_\_\_\_  
SUPERVISOR SIGNATURE & DATE**THIS COMPLETED FORM MUST BE IN THE BUSINESS OFFICE BY 5:00 PM ON THE 16TH OF EACH MONTH...!!!**