

ALASKA GATEWAY SCHOOL DISTRICT

CLASSIFIED TEMPORARY TIMESHEET

REQUEST FOR PAYMENT OF WAGES

USE THIS FORM FOR ALL HOURLY EMPLOYEES AND REQUESTS FOR COMPENSATION FOR OVERTIME.

SOCIAL SECURITY NUMBER _____ - _____ - _____ NAME _____

WORK STATION _____ SUBSTITUTE FOR _____

MAILING ADDRESS: _____

DATE HIRED ____/____/____ APPLICATION ATTACHED ____ PREVIOUSLY SUBMITTED ____

I-9 ATTACHED ____ PREVIOUSLY SUBMITTED ____ W4 ATTACHED ____ PREVIOUSLY SUBMITTED ____

FOR THE PERIOD BEGINNING ____/16/____ AND ENDING ____/15/____

____ HOUR
RATE _____ PER ____ DAY TOTAL REGULAR HOURS _____ TOTAL OVERTIME HOURS _____
(Report actual time worked on calendar below)

DAILY REPORT OF HOURS WORKED

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	

Employee's Signature

CERTIFY THAT IN ACCORDANCE WITH PERSONNEL RULE 7.05.1 THE ABOVE NAMED EMPLOYEE IS TO BE COMPENSATED FOR ____ HOURS OVERTIME WORKED DURING THIS PAY PERIOD. OVERTIME TO BE COMPENSATED AT TIME AND ONE HALF:

ANY HOURS WORKED OVER 8 OR 40 HOURS IN A SUNDAY THROUGH SATURDAY WEEK WILL BE CONSIDERED OVERTIME.

DATE APPROVED

SIGNATURE OF CERTIFYING OFFICER
(Principal or approved Substitute)

DATE APPROVED

SIGNATURE OF CERTIFYING OFFICER
(Program Coordinator or Director if required)