RIDGEFIELD SCHOOL DISTRICT
Classified Employee Time Sheet

EMPLOYEE NAME - Last, First

PAY PERIOD

11th, 201 _____ to _____ 10th, 201

ASSIGNED SCHEDULE

Leave Codes:

SL - Sick Leave/Family Illness	PL - Personal Leave	BL - Bereavement Leave
EL - Emergency Leave	VA - Vacation	JD - Jury Duty
NW - Non-Work Day	CT - Comp. Time	DL - District Leave (workshop/ training)
LOA - Leave of Absence	LWOP - Unpaid Leave	AL - Association/Union Leave

SEE INSTRUCTIONS ON REVERSE

Assigned Hours Worked
see guidelines on reverse

	Payroll Code	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	Total Hrs
Assignment 1																																	
Assignment 2																																	
"Domino" coverage for co-worker: ___																																	
"Domino" coverage for co-worker: ___																																	

Leave Used
see guidelines on reverse

	Leave Code	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	Total Hrs
Non-work day	NW																																
Sick/ emergency leave used	SL/EL																																
Personal leave used	PL																																
Comp time used	CT																																
Other leave used: ___																																	

TOTAL ASSIGNED HOURS WORKED + LEAVE USED: _____

Additional Hours Worked
(must be pre-approved) ****see guidelines on reverse****

	Payroll Code	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	ADDT'L Hours
Domino coverage for co-worker: ___	TDOM																																
Domino coverage for co-worker: ___	TDOM																																
Additional hours in assigned position	TRH3																																
Other additional hours: ___	TRH3																																
Other additional hours: ___																																	
Comp time earned	COMP																																

TOTAL ADDITIONAL HOURS WORKED: _____

TOTAL HOURS WORKED: _____

Notes:

I hereby certify, under penalty of perjury, that this is a true and correct report of my hours worked and/or leave used.

Employee Signature _____ Date _____

Supervisor Signature _____ Date _____

Classified Employees: (not for use by certificated employees)

Use blue or black ink, and initial all changes

The "Payroll Code" column is for payroll use only.

Use the "Notes" area, if necessary, to provide any additional information regarding your timesheet.

Timesheets must be signed by your supervisor, and submitted to payroll each month on the 11th (or the next possible business day.)

Assigned Hours Worked/Leave Used Guidelines

Use this section to report your assigned hours worked, as well as any leave taken, during the current pay period.

Underneath each date, enter the number of *scheduled hours worked in your assigned position(s)*. (See example.)

*Employees with two assignments (for instance- an assistant secretary/paraprofessional) should designate those hours separately beside "Assignment 1" and "Assignment 2." (See example.)

Record any leave hours taken in the appropriate boxes below. (See example.) (For leave policies see RCA Agreement, Article III, Sections K-X, pgs. 13-18.)

*Please note: leave hours included on this timesheet must reflect your absence information documented in Aesop for the same pay period.

Use these "domino coverage" lines to record coverage for an absent co-worker, *during your assigned schedule*. Note co-worker's name. (See example.) (For guidelines see RCA Agreement, Article III, Section G, pg. 10.)

(Pre-Approved) Additional Hours Guidelines

Use this section to record additional hours worked *outside your assigned schedule*. (For additional hours and overtime guidelines see RCA Agreement, Article III, Section H, pgs. 10-12.)

Please note: additional hours must be pre-approved by your supervisor, and submitted to payroll at the end of the appropriate pay period.

Use these "domino coverage" lines to record coverage for an absent co-worker, *outside your assigned schedule*. Note co-worker's name. (See example.) (For guidelines see RCA Agreement, Article III, Section G, pg. 10.)

Use remaining designated lines to record any *extra hours worked in your regular position*, or related to your building or program (for example, required training or staff meetings *outside your assigned schedule*.) Indicate related building, program, or activity below or in the "Notes" area. (See example.)

Supervisors:

Please review timesheet carefully before signing. (For additional hours and overtime guidelines see RCA Agreement, Article III, Section H, pgs. 10-12.)

Use the "Notes" area, if necessary, to include any additional budgetary or other information regarding your employee's timesheet.

Example – (7 hours-per-day classified employee)

James Day
EMPLOYEE NAME - Last, First
M - F, 9am - 4:30pm
ASSIGNED SCHEDULE

**SEE INSTRUCTIONS ON REVER[SE]

Assigned Hours **see guidelines on reverse**		Payroll Code	16	17	18	19	2[0]
Assignment 1	paraprofessional		3	3	0.	3	
Assignment 2	assist. secretary		4	2	0	2	
domino coverage for co-worker: Carol Lee				2			
Sick Leave/Family Illness		S	4				
Personal Leave		P		7		2	
Vacation		V					
Non-Work Day		NW					
Holiday		H					
Other Leave:							

(arrows: 1st assignment, 2nd assignment, domino coverage, leave used)

Approved Additional Hours **see guidelines on reverse**	Payroll Code	16	17	18	19	2[0]
domino coverage for co-worker: Carol Lee	TDOM		1			
domino coverage for co-worker:	TDOM					
additional hours in assigned position						
additional hours in assigned position						
additional building/program hours: healthroom training		1				
additional building/program hours:						

(arrow: hours worked outside assigned schedule)