

# Aberdeen School District 6-1 Timesheet

Pay Period From \_\_\_\_\_ To \_\_\_\_\_

Name: \_\_\_\_\_ School: \_\_\_\_\_ Assignment: \_\_\_\_\_

DATE	TIME IN	TIME OUT	REGULAR HOURS	OVERTIME HOURS	ABSENT HOURS	ABSENCE TYPE: Supervisor-approved leave request form must be received by payroll office to be paid.
Totals						

Budget/Account Code(s): \_\_\_\_\_

I declare and affirm under the penalties of perjury that this claim has been examined by me and to the best of my knowledge and belief, is in all things true and correct.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Verified by: Supervisor Signature

**ABSENCE TYPE:** Vacation, personal illness, family illness, short term, holiday.

**MINUTE CONVERSION CHART:** Please use the conversion chart below when calculating your time.

MINUTE CONVERSION CHART	
15 minutes	0.25
30 minutes	0.50
45 minutes	0.75

FOR PAYROLL USE ONLY	
Regular hours:	_____ @ _____ = _____
OT hours:	_____ @ _____ = _____
Total Hours:	_____ Total Pay: _____