Los Angeles Unified School District
Food Service Division

Timesheet

Employee Name: _____ **Employee Number:**_____ **School Name:** _____

Cost Center/Location Code: _____ **Pay Period Month:** _____ **Year:** _____

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	
In																
Out																
Total:																

	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
In																
Out																
Total:																

_____
Employee's Signature/date

_____
Manager or AFSS Signature/date

I hereby certify that the above information is a true and correct representation of the actual time spent by me in support and compliance of the above Federal and State Categorical programs and General Education. By signing I certify and agree to all necessary processing and adjustments that will reflect all time entered above. Once all necessary adjustments are processed, I agree and authorize that any unearned wages paid as a result will be collected from the next paycheck.

Common Benefitted Time Codes: Illness= **IL** Holiday= **H** Personal Necessity= **PN** Vacation= **V** Kincare= **KC** Jury Duty = **JU**
***For all other benefitted time off, consult with your Time Reporter.**

Payroll Sign-In/Sign-Out procedures require that "All Payroll timecards/timesheets, should be completed, signed and dated by both employee and supervisor by the payroll cut-off deadline for each payroll area (Certificated-CE, Classified-CL, Semi-Monthly-SM) and no later than one week after the end of each month."

Manager Notes:

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