

**RED BLUFF UNION HIGH SCHOOL DISTRICT
Hourly Time Sheet for Certificated Services**

Name:

Month: _____ **(must be reported no later than 30 days from time worked)**

Date	In	Out	In	Out	Hours	Comments
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						
TOTAL						

I certify that this record includes hours approved by the Supervisor and is a complete and proper basis for payment.

Employee Signature: _____ Date

Supervisor Signature: _____ Date

Budget Code: _____