

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

Name: \_\_\_\_\_

Month: \_\_\_\_\_

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						
<b>TOTAL</b>						

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: \_\_\_\_\_