**Eugene School District 4J**

## PAYROLL INFORMATION

Name: _____  Employee Number: _____  Building: _____  Pay Period (MMM/YY) _____

Position: _____  Employee Group (please check one): ☐ Classified  ☐ Temp  ☐ Student  ☐ Certified

## USER INSTRUCTIONS

**Form Purpose:** Use this form to record the hours you worked in the listed position from the 16th day of the prior month through the 15th day of the current month.

**How to Complete this Form:** You can fill out this form on-line and then print it. Alternately you can print out this form and complete it by hand.

**Where to Send this Form:** Sign your time sheet and turn it in to the person designated by your building or department to collect time sheets. Substitutes and Temporary Staff, please see that you have all of the appropriate signature and turn this form into Financial Services - Payroll

**Deadline:** Turn your time sheet in to building or department by the end of the 15th day of each month.

**Leave Codes:**

| | |
|---|---|
| 410 | Sick |
| 512 | Personal |
| 712 | Family |
| 412/518 | Unpaid Leave |
| 716 | Critical Illness |
| 722 | Jury Duty |

| | RECORD OF HOURS | | | | Banked Leave Time | | | | Other | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Regular | Additional | Overtime | Holiday | Sick | Personal | Family | Unpaid | Code | Hours | Building | Accounting Unit | Account | SubAcct | Approval |
| 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 | | | | | | | | | | | | | | | |
| 11 | | | | | | | | | | | | | | | |
| 12 | | | | | | | | | | | | | | | |
| 13 | | | | | | | | | | | | | | | |
| 14 | | | | | | | | | | | | | | | |
| 15 | | | | | | | | | | | | | | | |
| Total | | | | | | | | | | | | | | | |

This is a true and accurate report of time for the above dates.        **TOTAL HOURS:**

## SIGNATURES

Employee Signature: _____        Date: _____

Administrator Signature: _____        Print or Type Administrator Name: _____