

# MANHATTAN BEACH UNIFIED SCHOOL DISTRICT

325 S. Peck Avenue, Manhattan Beach, CA 90266  
 (310) 318-7345 FAX: (310) 303-3826 -- Payroll: extension 5937

## HOME TEACHER TIMESHEET

This form must be completely filled out for payment to be processed.

Printed Name: \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_  
 Employee ID #: \_\_\_\_\_  
 Pupil Taught: \_\_\_\_\_ Grade Level: \_\_\_\_\_ IEP?: \_\_\_\_\_  
 Account Charged: \_\_\_\_\_

	Date	Description	Hours
Mon			
Tues			
Wed			
Thurs			
Fri			
Mon			
Tues			
Wed			
Thurs			
Fri			
Mon			
Tues			
Wed			
Thurs			
Fri			
Mon			
Tues			
Wed			
Thurs			
Fri			
Mon			
Tues			
Wed			
Thurs			
Fri			

Total Hours: \_\_\_\_\_

I hereby certify that I have worked for the Manhattan Beach Unified School District on the days and hours stated.

EMPLOYEE SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_

*I hereby certify that I have supervised the above employee and know that he/she has worked the time stated.*

SUPERVISOR SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_

This Time report is due to Student Services for signature, they will forward it to the PAYROLL OFFICE by the last working day of each Calendar month. Substitute payday is the 10th of each month.