

MANHATTAN BEACH UNIFIED SCHOOL DISTRICT

Classified

HOURLY TIME SHEET
Substitutes, Additional Hours, Overtime and Special Employment

Name _____ Month _____ Year _____

Employee ID _____

Date	In	Out	Hours	Site	Description of work (Job title, person subbed for)	Supervisor Sign.
Total Hours						

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

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

Employee signature

Date