

Teacher Tutor Timesheet



Employee Name: _____
 Social Security Number: _____
 Department/School Site: _____
 Account Classification: _____
 Pay Period Ending: _____
 Today's Date: _____

Bakersfield City School District
 1300 Baker Street
 Bakersfield, CA
 93305

Phone: (661) 631-4700
 Fax: (661) 324-3191

For Teacher Tutor use only

| Comments: | 1 | 2 | 3 | 4 | 5 | 6 | 7 | Total |
|-----------|----|----|----|----|----|----|--------------------|-------|
| | | | | | | | | |
| | 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 Hours | |

List of Codes: S - Sick Leave, O - Own Time, A - Personal Necessity, F - Funeral, R - Family Illness, I - Industrial Accident, P - Personal Leave

I certify that I worked the above extra time as indicated.

Employee Signature: _____

I certify that the above named employee was on duty for extra time as indicated.

Department Head Signature: _____