

CABRILLO UNIFIED SCHOOL DISTRICT  
**CERTIFICATED TIMESHEET**

NAME OF EMPLOYEE (please print) \_\_\_\_\_

SCHOOL AND/OR DEPARTMENT \_\_\_\_\_

*Please: Enter only the days worked. Use one line per day. Do not skip lines.*

LINE	DATE	JOB CLASSIFICATION AND/OR DESCRIPTION OF WORK	TIME		LINE	DATE	JOB CLASSIFICATION AND/OR DESCRIPTION OF WORK	TIME	
			Hrs.	Min				Hrs.	Min
1					13				
2					14				
3					15				
4					16				
5					17				
6					18				
7					19				
8					20				
9					21				
10					22				
11					23				
12					24				

*District Office Use Only*

_____ Signature of Employee	_____ Date
_____ Approved by Supervisor	_____ Date

Program No.	Total Hours X	Pay Rate =	Amount Earned