

**CHESTERFIELD COUNTY SCHOOL DISTRICT**  
**Biweekly Payroll Timesheet**

Pay Period Beginning and End Date _____ to _____
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**(Name) as it appears on paycheck**

Last Name	Social Security Number (Last four digits) <b>XXX-XX-</b>
First Name	School or Department

I hereby certify that the time recorded represents actual hours of employment for the period indicated.

Employee's Signature: \_\_\_\_\_ Job Title: \_\_\_\_\_ Budgeted Hrs: \_\_\_\_\_

	Date	In	Out	In	Out	In	Out	Total
Monday								
Tuesday								
Wednesday								
Thursday								
Friday								
Saturday								
Sunday								

Week 1 Hours

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	Date	In	Out	In	Out	In	Out	Total
Monday								
Tuesday								
Wednesday								
Thursday								
Friday								
Saturday								
Sunday								

**FOR BUSINESS OFFICE USE ONLY**

Reg Hrs _____	Reg Rate _____	= _____
Reg Hrs _____	Reg Rate _____	= _____
Reg Hrs _____	Reg Rate _____	= _____
OT Hrs _____	OT Rate _____	= _____
<b>Total</b>		_____
Acct No _____		

Week 2 Hours

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**Hours Worked for PayPeriod**

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Hours at Straight Time _____	Hours at Overtime _____
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<input type="checkbox"/> Recorded as Comp Time <input type="checkbox"/> Please pay employee
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Supervisor Signature _____	Date _____
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