

TEHAMA COUNTY DEPARTMENT OF EDUCATION

SHORT-TERM EMPLOYEE TIME SHEET

Time sheets are to be submitted to your supervisor on the last day of the month.

Name _____ Month _____ Year _____

Address _____

City, ST, Zip _____ Social Security # _____

Supervisor/Department _____ Work Phone _____

Type of work _____ Home Phone _____

Date	Hours worked
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
13	
14	
15	
16	

Date	Hours worked
17	
18	
19	
20	
21	
22	
23	
24	
25	
26	
27	
28	
29	
30	
31	
Total	

Employee Signature _____ Date: _____

Supervisor Signature _____ Date: _____

Date Received by Payroll: _____