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# Payroll Time Sheet

Name \_\_\_\_\_ Last 4 digits of SSN \_\_\_\_\_

Department \_\_\_\_\_ Job Title \_\_\_\_\_

For Period of \_\_\_\_\_ Certificated  Classified

Month/Description	1	2	3	4	5	6	7	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 Time

Employee's Signature \_\_\_\_\_ Date \_\_\_\_\_

Supervisor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Department Head's Signature \_\_\_\_\_ Date \_\_\_\_\_

Budget Category							
Resource XXXX	Proj. Yr. X	Goal XXXX	Function XXXX	Object XXXX	School XXX	Mgmt. XXXX	Unit XXXX