



EVERETT PUBLIC SCHOOLS  
FOOD NUTRITION SERVICES  
TIMESHEET AND PAYROLL ADJUSTMENT RECORD

Please Print & Use Ink

EMPLOYEE ID # (Required)	LAST NAME	FIRST NAME	INITIAL	LOCATION #	PAYROLL PERIOD

Assigned Hours Per Day: \_\_\_\_\_ Hours

			FOR PAYROLL USE ONLY			
Date	Duties Performed	Total Hours Worked	Overtime Straight - 023	Deduct Hours - 034	OT + 1/2 - 021	Hourly Adj - 012
TOTAL		Hrs	Hrs	Hrs	Hrs	\$

I certify that the above is an accurate record of time worked and adjustments during the period indicated.

I hereby approve the hours and payroll adjustments indicated above for payment.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Supervisor Signature

Hours	Key Code	Objec	Hourly Adj	Reg Rate	OT Rate	Totals
	98-44- -7600	/4321	\$			
	98-44- -7600	/4321	\$			
	98-44- -7600	/432	\$			
	98-44- -7600	/4322	\$			
	98-44- -7600	/432	\$			
	98-44- -7600	/432	\$			

TOTAL GROSS WAGES -----\$