



# EVERETT PUBLIC SCHOOLS

## SUBSTITUTE CUSTODIAN

### TIME SHEET AND PAYROLL ADJUSTMENT RECORD

**Must be turned in weekly** to the Maintenance and Operations Department

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<b>Employee ID REQUIRED</b>	<b>Last Name</b>	<b>First Name</b>	<b>Payroll Period</b>
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Record Hours to the Nearest Quarter Hour (.25)		Hrs Worked	Sub Rate	OT Rate	Total \$\$	Account Code	
Date	Location Worked						
						10-97-63-	741431-43122
						10-97-63-	741431-43122
						10-97-63-	741431-43122
						10-97-63-	741431-43122
						10-97-63-	741431-43122
						10-97-63-	741431-43122
						10-97-63-	741431-43122
						10-97-63-	092740-43122
						10-97-63-	092740-43122
						10-97-63-	092740-43122

**Grand Total**

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**

**Date**

**Supervisor Signature**

**Date**