

Ripon Unified School District
304 N. Acacia Ave
Ripon, CA 95366

EMPLOYEE DAILY TIME SHEET

Must be returned to the District Office Payroll Department with all required signatures no later than the 16th of each month in order to receive pay on the 10th of the following month.

Employee: _____ Month: _____ School: _____

Insert number of hours opposite the proper date and in the proper column.
Please be specific regarding use of time.

	Hours	Reason
16		
17		
18		
19		
20		
21		
22		
23		
24		
25		
26		
27		
28		
29		
30		
31		

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

Employee Signature _____ Date _____

Principal/Supervisor's Signature _____ Date _____

Accounting-District Office Use Only				
Program	Hours		Rate	Amount

Total Pay: _____