Birdville Independent School District
Additional Professional Services
Time Sheet

PAYROLL OFFICE USE ONLY:
Rate: _____ Pay:_____

Name: _____ SS#: _____

Mailing Address: _____

City: _____ TX, Zip: _____

School District/ College:_____

Period Covered: _____ Job Performed: _____

| MONTH | DAY | TIME IN | TIME OUT | TOTAL HRS | NOTES |
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TOTAL HOURS OF THIS TIMESHEET _____ X _____= $_____

BUDGET CODE: _____ P-CODE: _____

*I certify the above to be a true and correct record of the time I worked.*

_____ _____
Employee Signature Date

_____ _____
Director Signature Date

Print Form Clear Form