



SANTA BARBARA
County Education Office
William J. Cirone, Superintendent

4400 Cathedral Oaks Road
P.O. Box 6307
Santa Barbara, California 93160-6307
Direct Dial: 964-4710 plus extension
(805) 964-4711 • FAX: (805) 964-4712

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

Payroll Time Sheet

Instructions for use:

1. Use one separate form for *each* department and *each* job title in which you work.
2. Write your name, last 4 digits of your Social Security Number, Department and job title of the position you are working in.
3. Indicate the period of time the time sheet covers. Check the box to indicate if the position is classified or certificated.
4. Indicate the month worked and hours per day worked in quarter hour increments in the corresponding days of the row. The rows may be used to indicate Time In (1), Time Out (2), Time In (3), Time Out (4), and Total hours (5) in rows 1-5.
5. Indicate the total hours worked in the Total Time Column.
6. Sign and Date the completed time sheet and submit to your supervisor for signature.
7. *In order to be paid on the last working day of the month, it is your responsibility to turn in your **completed form to your department by the 5th of the month. (Do not submit to Fiscal Services/Payroll.)** For example, for September hours, turn in your completed Payroll Time Sheet forms to your department by Oct. 5 to be paid at the end of October. If the deadline is missed, you will need to wait an additional month for your pay.*