SOLANO COUNTY OFFICE OF EDUCATION (SCOE) TIMECARD

All timecards must be turned in to your Administrator **by the last working day of the month** to receive payment on the following month's payroll. Instructions for completing timecard are on SCOE's website.

Name: _____   **Position:** _____

NOE Hours: _____   **Work Hours: Start** _____ **End** _____

Type of Pay: (Place "**X**" in appropriate box – please report only *one* type of pay per timecard.)

Extra Hours/Days ☐   **Short Term** ☐   **Substitute** ☐   **Lift** ☐   **No Teacher Sub** ☐   **ESY/FLEX** ☐   **Interpreter** ☐

For Extra Hours Choose One: Pay Requested ☐   **Compensatory Time Requested** ☐

Date	Time In	Time Out	Minus Duty-Free Lunch	Hours or Days Worked	Leave Blank for Payroll Department S/T	Leave Blank for Payroll Department O/T	Work Description & Location	Fund	Resource	Year	Goal	Function	Object	Location	Admin.	%

To Be Completed by Manager/Staff (header spanning Fund through %)

Total Hours / Days: _____   **Comments/Bill back to:** _____

I hearby certify that this is a true and accurate statement of time worked:

Employee Signature: _____ **Date:**_____

Manager Signature: _____**Date:**_____

Payroll Calculations:

Revised Nov 2019