

# Mansfield Independent School District

**SEMIMONTHLY**

**Part Time/Temp Timesheet**

\* Please use blue ink  
\* Please PRINT clearly

**Employee:** \_\_\_\_\_

**Campus:** \_\_\_\_\_

**Employee ID:** \_\_\_\_\_

Pay Period	Month	Day	Year
<b>Beginning</b>			
<b>Ending</b>			

	Time		Overtime		Description of Service <small>(list student, campus, employee subbing for)</small>	Total	Total	Employee
	In	Out	In	Out		Regular	Overtime	Initials
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								
<b>TOTAL HOURS</b>								

Work performed from 1st through 15th will be paid on the 1st of the following month

Work performed from 16th through 31st will be paid on the 15th of the following month

	Hours	Hr. Rate	Amount
Budget Code			
Budget Code <small>(if needed)</small>			
Budget Code <small>(if needed)</small>			

Employee Signature \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Signature \_\_\_\_\_ Date: \_\_\_\_\_

Budget Owner Signature \_\_\_\_\_ Date: \_\_\_\_\_  
(if needed)