



**Carmel Unified School District
EMPLOYEE TIMESHEET
OVERTIME/ADDITIONAL HOURS**

Name _____ SS# XXX-XX- _____

Job Title (s) _____ Site (s) _____

_____ Month _____

_____ Year

Date	Time in	Time out	Description of Duties	Hours

Total Hours

Signature Employee

Date

Signature Principal/Supervisor

Date

Due to the business dept. on the 1st of each month by 3:00 p.m.