

Y.S. Office use only
 COMPLETED - SNAG
 1.
 2.

Fund X

Program

LOS ANGELES UNIFIED SCHOOL DISTRICT
 Student Auxiliary Services Branch – Youth Services Section
YOUTH SERVICES TIME SHEET • READY, SET, GO!
 DUE DATE: REFER TO YOUTH SERVICES PAYROLL CALENDAR

READY, SET, GO!

TPS _____

Prepare in duplicate, submit the original to Youth Services Field Office. Retain copy at school site.

I hereby certify that the following employee(s) performed the duties of the position to which assigned, and that this is a correct statement of time v

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SCHOOL: _____

PAY PERIOD: ____ FROM _____ TO _____

Certified by: _____ Approved by: _____
 (Traveling Program Supervisor's Signature) (Administrator's Signature)

First Initial	Middle Initial	LAST NAME												EMPLOYEE NUMBER		CLASS			PAYROLL SIGNATURE					YS OFFICE USE ONLY					
																PS													
DATE	S	M	T	W	R	F	S	S	M	T	W	R	F	S	S	M	T	W	R	F	S	S	M	T	W	R	F	S	Totals
IN																													
OUT																													
Sub-Total																													
IN																													
OUT																													
Sub-Total																													
DAILY TOTAL																													

First Initial	Middle Initial	LAST NAME												EMPLOYEE NUMBER		CLASS			PAYROLL SIGNATURE					YS OFFICE USE ONLY					
																PW													
DATE	S	M	T	W	R	F	S	S	M	T	W	R	F	S	S	M	T	W	R	F	S	S	M	T	W	R	F	S	Totals
IN																													
OUT																													
Sub-Total																													
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Sub-Total																													
DAILY TOTAL																													