TIME SHEET

CSU, SACRAMENTO

BUTTE COUNTY OFFICE OF EDUCATION
1859 BIRD STREET
OROVILLE, CA 95965

MINI-CORPS TUTOR

QUESTIONS?? CALL PAYROLL
(530) 532-5769 or (530) 532-5768

*CURRENT
MONTH_____ YEAR_____

TO BE COMPLETED BY **EMPLOYEE**

PRIOR MONTH		
DAY	HOURS	POSITION WORKED
26		
27		
28		
29		
30		
31		

*CURRENT MONTH		POSITION WORKED
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		
TOTAL		(PLEASE COMPLETE)

IMPORTANT MESSAGE: After faxing time sheets do not send original. This could cause a duplicate payment.

EMPLOYING DIVISION MUST COMPLETE

- ☐ SUPERINTENDENT
- ☐ ADMINISTRATIVE SERVICES
- ☐ MIGRANT EDUCATION
- ☒ MINI-CORPS
- ☐ EDUCATIONAL SUPPORT SERVICES
- ☐ STUDENT PROGRAMS AND SERVICES

CHECK ONE: CERTIFICATED ☐ CLASSIFIED ☐
REGULAR ☒ **OVERTIME** ☐

CODES MUST COME FROM APPROVED BUDGET

HOURS	RATE	ORG KEY	OBJECT
		81021	2200

TIMESHEETS CANNOT BE PROCESSED WITHOUT PROPER CODING

X
EMPLOYEE'S SIGNATURE DATE
I CERTIFY THAT THE HOURS AND DAYS CLAIMED ARE CORRECT

X
PRINCIPAL/SUPERVISOR DATE
☐ BCOE Employee ☐ Non-BCOE Employee

X
AREA ASSOCIATE DIR/AREA COORDINATOR DATE
I CERTIFY THAT DAYS WORKED, HOURS POSTED, AND CODING ARE CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

PLEASE PRINT. TO BE COMPLETED BY EMPLOYEE

IDENTIFICATION NUMBER (Example: 0190XXXX)

NAME: _____
First MI Last

(NAME SHOULD BE THE SAME AS ON ORIGINAL PAPERWORK)

BF-47 (Rev. 8/06)

INSTRUCTIONS ON REVERSE