

**SAU # 9 GRANT TIME SHEETS**  
(USE IF ANY PORTION OF SALARY IS PAID WITH GRANT FUNDS)

DISTRICT NAME : \_\_\_\_\_

EMPLOYEE NAME: \_\_\_\_\_  
(PRINT CLEARLY)

PAYROLL DATE: \_\_\_\_\_

LOCATION: \_\_\_\_\_

POSITION: \_\_\_\_\_

PROGRAM: \_\_\_\_\_

SOCIAL SECURITY# \_\_\_\_\_

USE ADDITIONAL FORMS AS NEEDED

(OPTIONAL OR LAST 4 DIGITS)

WEEK ENDING:																
DISTRICT			WORKED HRS	TIME OFF*	TOTAL HOURS	PROJECT #		WORKED HRS	TIME OFF*	TOTAL HOURS	PROJECT #		WORKED HRS	TIME OFF*	Total Hours	TOTAL ALL HOURS
DAY	IN	OUT				IN	OUT				IN	OUT				
Sun.																
Mon.																
Tues.																
Wed.																
Thurs.																
Fri.																
Sat.																
1ST WEEK TOTALS																

WEEK ENDING:																
DISTRICT			WORKED HRS	TIME OFF*	TOTAL HOURS	PROJECT #		WORKED HRS	TIME OFF*	TOTAL HOURS	PROJECT #		WORKED HRS	TIME OFF*	Total Hours	TOTAL ALL HOURS
DAY	IN	OUT				IN	OUT				IN	OUT				
Sun.																
Mon.																
Tues.																
Wed.																
Thurs.																
Fri.																
Sat.																
2ND WEEK TOTALS																

TOTAL WEEK 1 & 2																
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\* **SICK:** Identify # of Hours and Code: **S**=Self, **IF**= ILL Family, **SFI**=Serious Family Illness, **FML**=Family Med. Leave, **MAT** = Maternity etc.

\* **OTHER:** Identify # of Hours and Code, **B**=bereavement, **SR**=SchoolRelated (identify)Conference, Field trips, Athletic, etc. **J** = Jury Duty etc.

**Please Identify Other:**

\* **VACATION:** Identify # of Hours and Code = **V**

**No employee is authorized to work beyond their contracted hours without prior approval. REASON:** \_\_\_\_\_

EMPLOYEE'S SIGNATURE**	_____	DATE:	_____
SUPERVISOR'S SIGNATURE**	_____	DATE:	_____
ADMINISTRATOR'S SIGNATURE **	_____	DATE:	_____

\*\*I certify to the best of my knowledge, the above information is true and accurate