GLENN COUNTY OFFICE OF EDUCATION
CLASSIFIED TIME SHEET (PRINT ON ORANGE PAPER ONLY)

Name: ________________________  Department: ________________________  Month/Year: ________________________

<table>
<thead>
<tr>
<th>DATE</th>
<th>Total Hours</th>
<th>Other Hours</th>
<th>REMARKS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Absence</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>CODE</th>
<th>TIME hr. min</th>
<th>CODE</th>
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<th>CODE</th>
<th>TIME hr. min</th>
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<tbody>
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</tbody>
</table>

Check One

- End of the Month
- 10th of the Month

Month Timesheet Period

- July: July 1-31
- August: August 1-31
- Sept: September 1-30
- Oct: October 1-31
- Nov: November 1-30
- Dec: December 1-31
- Jan: January 1-31
- Feb: February 1-29
- March: March 1-31
- April: April 1-30
- May: May 1-31
- June: June 1-30

Variable pay - Actual time worked, paid on 10th of month
EOM pay - Equal monthly payments, paid on last working day
Extra Duty Paid on following EOM

FOR OFFICE USE ONLY

- hours Extra Pay
- hours OT
- hours Dock
- hours Vacation

Employee
I hereby swear (or affirm) under oath that the information is correct.

Supervisor (if applicable)

Department Head (if applicable)

Revised 06/2023