

**LITTLE LAKE CITY SCHOOL DISTRICT
CERTIFICATED DAILY/HOURLY TIME REPORT**

Name: _____
SS No. _____

School _____
Month _____

Funding Source					
Description					
Date					
1					
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29					
30					
31					
Total					

I _____ certify that the above hours are correct and have not been previously submitted for payment (Please Check Box).

Today's Date: _____

1. Please email this time report directly to your supervisor no later than the 20th of each month
2. Supervisors please review the timesheet in full and forward the timesheet to **payroll@llcsd.net** stating your approval in the email no later than the 23rd of each month.
3. Checks will be issued on the 5th of each month (approximately).