

**LITTLE LAKE CITY SCHOOL DISTRICT  
CLASSIFIED DAILY TIME REPORT**

Name: \_\_\_\_\_  
 SS No.: \_\_\_\_\_

School: \_\_\_\_\_  
 Pay Location: \_\_\_\_\_  
 Month: \_\_\_\_\_

Date	Program	Program	Program	Program	Program
	Job Title	Job Title	Job Title	Job Title	Job Title
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
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22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
<b>Total</b>					

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

Today's Date: \_\_\_\_\_

1. Please email this timesheet directly to your supervisor no later than the 25th 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 28th of each month.
3. Checks will be issued on the 10th of each month (approximately)