Hillsboro School District Form
Exception Timesheet

Name _____

Employee ID # _____

☐ Licensed

Department/Location _____

Scheduled Daily Hours _____

☐ Classified

Payroll Period _____ through _____

Contract Job Assignment _____

☐ Student Worker

☐ Grant Funded

Employee Exception Time — Complete the dates worked and exception hours to be paid through the last day of the current period.

- **_Original timesheet (not a copy)_ must be completed and delivered to Payroll by the 5th of the month following pay period.**

- **All absences must be reported through the SmartFind system.**
- **Do not enter <u>any</u> leave time (sick time, leave without pay, etc.) on this form.**
- **Complete all fields on the top of the form and sign the completed form.**

- **Use separate forms to report work charged to accounts with different authorized signers.**
- **Any time to be accumulated as compensatory (comp) time will be tracked at your site level.**
- **List ONLY authorized additional time to be paid. Do not submit this form to payroll if you are not requesting pay.**

Date	Hours Worked	Licensed Only *(circle one)*			Extra Duty	Other*	Brief Description of Work Performed	Rate Adjustment *(for Payroll use)*			
								Regular	Overtime	Call Back	Total
		(Non-teach)	Teach	Per Diem							
		Non-teach	Teach	Per Diem							
		Non-teach	Teach	Per Diem							
		Non-teach	Teach	Per Diem							
		Non-teach	Teach	Per Diem							
		Non-teach	Teach	Per Diem							
		Non-teach	Teach	Per Diem							
		Non-teach	Teach	Per Diem							
		Non-teach	Teach	Per Diem							
		Non-teach	Teach	Per Diem							
		Non-teach	Teach	Per Diem							

Reason for Exception Hours — To be Completed by Principal or Director Only

TOTAL _____

* Replaces elementary extra duty, athletic activity, and activity timesheets

I have examined the exception hours entered above and confirm this timesheet is correct.

Employee Signature _____ *Date* _____

Supervisor/Principal Signature _____ *Date* _____

Director Signature (if required) _____ *Date* _____

Print Name _____

Print Name _____

Account Numbers

Hours	Fund	Function	Object	Location	Dept	Sub Acct	Amount