



Hillsboro School District Form Exception Timesheet

Name _____

Employee ID # _____

Department/Location _____

Scheduled Daily Hours _____

Payroll Period _____ through _____

Contract Job Assignment _____

- Licensed
- Classified
- 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 any 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	Reason for Exception Hours				Brief Description of Work Performed	To be Completed by Principal or Director Only					
		Licensed Only <i>(circle one)</i>			Extra Duty		Other*	Rate Adjustment <i>(for Payroll use)</i>				
		Curriculum	Home School	Per Diem				Regular	Overtime	Call Back	Total	
		Curriculum	Home School	Per Diem								
		Curriculum	Home School	Per Diem								
		Curriculum	Home School	Per Diem								
		Curriculum	Home School	Per Diem								
		Curriculum	Home School	Per Diem								
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		Curriculum	Home School	Per Diem								
		Curriculum	Home School	Per Diem								
		Curriculum	Home School	Per Diem								
		Curriculum	Home School	Per Diem								
		Curriculum	Home School	Per Diem								
		Curriculum	Home School	Per Diem								
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

Print Name

Director Signature (if required) Date

Print Name

Account Numbers							
Hours	Fund	Function	Object	Location	Dept	Sub Acct	Amount