



# 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.**

		Reason for Exception Hours					To be Completed by Principal or Director Only				
Date	Hours Worked	Licensed Only (circle one)			Extra Duty	Other*	Brief Description of Work Performed	Rate Adjustment (for Payroll use)			
		Non-teach	Teach	Per Diem				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							
		Non-teach	Teach	Per Diem							
<b>TOTAL</b>											

\* 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