

NETWORK FOR A HEALTHY CALIFORNIA —LAUSD

6651-C Balboa Blvd., Van Nuys, CA 91406. PHONE: (818)609-2550

CLASSIFIED TIMESHEET (Food Service Workers and Custodians) (2009-2010 FEDERAL SHARE)

Revised

EMPLOYEE NAME _____ EMPLOYEE NO.: _____ SCHOOL _____ LOC CODE _____

POSITION _____ REGULAR RATE _____

AWARD (Choose One) ACTION NURSE NAC
 REGULAR HOURS (Choose One) 6.5 Hours 8 Hours

DIRECTIONS:

1. Make a copy of the Classified Timesheet for the month that you are reporting time for.
2. Complete all the necessary information for this form in **INK**. Failure to do so will delay processing.
3. Complete the time IN/OUT and the Hours Worked for the specific dates. **This is for actual hours worked.**
4. Add up all the hours worked and place that number in the **TOTAL HOURS WORKED** box.
5. Sign your name and have your lead teacher and your administrator sign on the appropriate lines.
6. Make a copy for your file and send the original to the *Network* Office (School Mail: *Network for a Healthy California—LAUSD* c/o Mulholland MS) by the due date for each month for pay to be properly processed. **Only completed and original forms will be accepted.**
7. Time reported is for actual hours worked. Hours worked after the submission date should be reported on the appropriate timesheet and will be reported on the following pay period.
8. For help, refer to the Web site: www.healthylausd.net. For further assistance, contact the *Network* office at 818- 609-2550.

MONTH OCTOBER 2009 (Due at the *Network* Office by October 20)

MON		TUE		WED		THU		FRI		SAT		MON		TUES		WED		THUR		FRI		SAT			
1-Oct		2-Oct-09		3-Oct-09		4-Oct-09		5-Oct-09		6-Oct-09		7-Oct-09		8-Oct-09		9-Oct-09		10-Oct-09							
In		In		In		In		In		In		In		In		In		In		In		In			
Out		Hrs. Worked		Out		Hrs. Worked		Out		Hrs. Worked		Out		Hrs. Worked		Out		Hrs. Worked		Out		Hrs. Worked			
12-Oct-09		13-Oct-09		14-Oct-09		15-Oct-09		16-Oct-09		17-Oct-09		18-Oct-09		19-Oct-09		10/20/2009 - DUE		21-Oct-09		22-Oct-09		23-Oct-09		24-Oct-09	
COLUMBUS DAY		In		In		In		In		In		In		In		In		In		In		In			
		Out		Hrs. Worked		Out		Hrs. Worked		Out		Hrs. Worked		Out		Hrs. Worked		Out		Hrs. Worked		Out		Hrs. Worked	
26-Oct-09		27-Oct-09		28-Oct-09		29-Oct-09		30-Oct-09		31-Oct-09		TOTAL HOURS WORKED				DESCRIPTION OF NETWORK RELATED WORK									
In		In		In		In		In		In															
Out		Hrs. Worked		Out		Hrs. Worked		Out		Hrs. Worked															

Employee's Signature/Date _____ Lead Teacher's Signature/Date _____ School Administrator's Signature/Date _____ Network Administrator's Signature/Date _____

FOR NETWORK ACCOUNTING PURPOSES ONLY

Received: _____ Footed: _____ Budget: _____ Timekeeper: _____ Verified: _____

NETWORK FOR A HEALTHY CALIFORNIA —LAUSD

6651-C Balboa Blvd., Van Nuys, CA 91406. PHONE: (818)609-2550

CLASSIFIED TIMESHEET (Food Service Workers and Custodians) (2009-2010 FEDERAL SHARE)

Revised

EMPLOYEE NAME _____ EMPLOYEE NO.: _____ SCHOOL _____ LOC CODE 1234

POSITION _____ REGULAR RATE _____

AWARD (Choose One) ACTION NURSE NAC
 REGULAR HOURS (Choose One) 6.5 Hours 8 Hours

DIRECTIONS:

1. Make a copy of the Classified Timesheet for the month that you are reporting time for.
2. Complete all the necessary information for this form in **INK**. Failure to do so will delay processing.
3. Complete the time IN/OUT and the Hours Worked for the specific dates. **This is for actual hours worked.**
4. Add up all the hours worked and place that number in the **TOTAL HOURS WORKED** box.
5. Sign your name and have your lead teacher and your administrator sign on the appropriate lines.
6. Make a copy for your file and send the original to the *Network* Office (School Mail: *Network for a Healthy California —LAUSD* c/o Mulholland MS) by the due date for each month for pay to be properly processed. **Only completed and original forms will be accepted.**
7. Time reported is for actual hours worked. Hours worked after the submission date should be reported on the appropriate timesheet and will be reported on the following pay period.
8. For help, refer to the Web site: www.healthylaUSD.net. For further assistance, contact the *Network* office at 818- 609-2550.

MONTH NOVEMBER 2009 (Due at the *Network* Office by November 18.)

MON		TUE		WED		THU		FRI		SAT		MON		TUES		WED		THUR		FRI		SAT			
2-Nov-09		3-Nov-09		4-Nov-09		5-Nov-09		6-Nov-09		7-Nov-09		9-Nov-09		10-Nov-09		11-Nov-09		12-Nov-09		13-Nov-09		14-Nov-09			
In		In		In		In		In		In		In		VETERANS DAYS				In		In		In		In	
Out	Hrs. Worked	Out	Hrs. Worked	Out	Hrs. Worked	Out	Hrs. Worked	Out	Hrs. Worked	Out	Hrs. Worked	Out	Hrs. Worked	Out	Hrs. Worked	Out	Hrs. Worked	Out	Hrs. Worked	Out	Hrs. Worked	Out	Hrs. Worked	Out	Hrs. Worked
16-Nov-09		17-Nov-09		11/18/2009 - DUE		19-Nov-08		20-Nov-09		21-Nov-09		23-Nov-09		24-Nov-09		25-Nov-09		26-Nov-09		27-Nov-09		28-Nov-09			
In		In		In		In		In		In		In		In		THANKSGIVING HOLIDAY				In		In			
Out	Hrs. Worked	Out	Hrs. Worked	Out		Out	Hrs. Worked	Out	Hrs. Worked	Out	Hrs. Worked	Out	Hrs. Worked	Out	Hrs. Worked	Out	Hrs. Worked	Out	Hrs. Worked	Out	Hrs. Worked	Out	Hrs. Worked		
30-Nov-09		TOTAL HOURS WORKED		DESCRIPTION OF NETWORK RELATED WORK																					
In																									
Out	Hrs. Worked																								

Employee's Signature/Date _____ Lead Teacher's Signature/Date _____ School Administrator's Signature/Date _____ Network Administrator's Signature/Date _____

FOR NETWORK ACCOUNTING PURPOSES ONLY

Received: Footed: Budget: Timekeeper: Verified:

NETWORK FOR A HEALTHY CALIFORNIA—LAUSD

6651-C Balboa Blvd., Van Nuys, CA 91406. PHONE: (818)609-2550

CLASSIFIED TIMESHEET (Food Service Workers and Custodians)

S

Revised

EMPLOYEE NAME _____ EMPLOYEE NO.: _____ SCHOOL _____ LOC CODE _____

POSITION _____ REGULAR RATE _____

AWARD (Choose One) ACTION NURSE NAC
 REGULAR HOURS (Choose One) 6.5 Hours 8 Hours

DIRECTIONS:

1. Make a copy of the Classified Timesheet for the month that you are reporting time for.
2. Complete all the necessary information for this form in **INK**. Failure to do so will delay processing.
3. Complete the time IN/OUT and the Hours Worked for the specific dates. **This is for actual hours worked.**
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MONTH DECEMBER 2009 (Due at the *Network* Office by December 11)

MON	TUE	WED	THU	FRI	SAT	MON	TUES	WED	THUR	FRI	SAT
	1-Dec-09	2-Dec-09	3-Dec-09	4-Dec-09	5-Dec-09	7-Dec-09	8-Dec-09	9-Dec-09	10-Dec-09	12/11/2009 - DUE	12-Dec-09
In	In	In	In	In	In	In	In	In	In	In	In
Out	Hrs. Worked	Out	Hrs. Worked	Out	Hrs. Worked	Out	Hrs. Worked	Out	Hrs. Worked	Out	Hrs. Worked
14-Dec-09	15-Dec-09	16-Dec-09	17-Dec-09	18-Dec-09	19-Dec-09	21-Dec-09	22-Dec-09	23-Dec-09	24-Dec-09	25-Dec-09	26-Dec-09
In	In	In	In	In	In	In	In	In	In	CHRISTMAS DAY	In
Out	Hrs. Worked	Out	Hrs. Worked	Out	Hrs. Worked	Out	Hrs. Worked	Out	Hrs. Worked		Out
28-Dec-09	29-Dec-09	30-Dec-09	31-Dec-09	TOTAL HOURS WORKED		DESCRIPTION OF NETWORK RELATED WORK					
In	In	In	In								
Out	Hrs. Worked	Out	Hrs. Worked	Out	Hrs. Worked						

Employee's Signature/Date _____ Lead Teacher's Signature/Date _____ School Administrator's Signature/Date _____ Network Administrator's Signature/Date _____

FOR NETWORK ACCOUNTING PURPOSES ONLY

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CLASSIFIED TIMESHEET (Food Service Workers and Custodians) (2009-2010 FEDERAL SHARE)

Revised

EMPLOYEE NAME _____ EMPLOYEE NO.: _____ SCHOOL _____ LOC CODE _____

POSITION _____ REGULAR RATE _____

AWARD (Choose One) ACTION NURSE NAC
REGULAR HOURS (Choose One) 6.5 Hours 8 Hours

DIRECTIONS:

1. Make a copy of the Classified Timesheet for the month that you are reporting time for.
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MONTH **JANUARY 2010** (Due at the *Network* Office by January 20)

MON		TUE		WED		THU		FRI		SAT		MON		TUES		WED		THUR		FRI		SAT			
11-Jan-10		12-Jan-10		13-Jan-10		14-Jan-10		15-Jan-10		16-Jan-10		18-Jan-10		19-Jan-10		1/20/2010 - DUE		21-Jan-10		22-Jan-10		23-Jan-10			
								1-Jan-10		2-Jan-10		4-Jan-10		5-Jan-10		6-Jan-10		7-Jan-10		8-Jan-10		9-Jan-10			
								NEW YEAR'S DAY																	
In		In		In		In		In		In		In		In		In		In		In		In			
Out		Out		Out		Out		Out		Out		Out		Out		Out		Out		Out		Out			
Hrs. Worked		Hrs. Worked		Hrs. Worked		Hrs. Worked		Hrs. Worked		Hrs. Worked		Hrs. Worked		Hrs. Worked		Hrs. Worked		Hrs. Worked		Hrs. Worked		Hrs. Worked			
11-Jan-10		12-Jan-10		13-Jan-10		14-Jan-10		15-Jan-10		16-Jan-10		18-Jan-10		19-Jan-10		1/20/2010 - DUE		21-Jan-10		22-Jan-10		23-Jan-10			
In		In		In		In		In		In		MARTIN LUTHER KING, Jr. DAY		In		In		In		In		In			
Out		Out		Out		Out		Out		Out		Out		Out		Out		Out		Out		Out			
Hrs. Worked		Hrs. Worked		Hrs. Worked		Hrs. Worked		Hrs. Worked		Hrs. Worked		Hrs. Worked		Hrs. Worked		Hrs. Worked		Hrs. Worked		Hrs. Worked		Hrs. Worked			
25-Jan-10		26-Jan-10		27-Jan-10		28-Jan-10		29-Jan-10		30-Jan-10		TOTAL HOURS WORKED		DESCRIPTION OF NETWORK RELATED WORK											
In		In		In		In		In		In															
Out		Out		Out		Out		Out		Out															
Hrs. Worked		Hrs. Worked		Hrs. Worked		Hrs. Worked		Hrs. Worked		Hrs. Worked															

Employee's Signature/Date _____ Lead Teacher's Signature/Date _____ School Administrator's Signature/Date _____ Network Administrator's Signature/Date _____

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NETWORK FOR A HEALTHY CALIFORNIA—LAUSD

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CLASSIFIED TIMESHEET (Food Service Workers and Custodians) (2009-2010 FEDERAL SHARE)

Revised

EMPLOYEE NAME _____ EMPLOYEE NO.: _____ SCHOOL _____ LOC CODE _____

POSITION _____ REGULAR RATE _____

AWARD (Choose One) ACTION NURSE NAC
REGULAR HOURS (Choose One) 6.5 Hours 8 Hours

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MONTH **FEBRUARY 2010** (Due at the *Network* Office by February 19)

MON		TUE		WED		THU		FRI		SAT		MON		TUES		WED		THUR		FRI		SAT											
08-Feb-10		09-Feb-10		10-Feb-10		11-Feb-10		12-Feb-10		13-Feb-10		15-Feb-10		16-Feb-10		17-Feb-10		18-Feb-10		2/19/2010 - DUE		20-Feb-10											
												1-Feb-10		2-Feb-10		3-Feb-10		4-Feb-10		5-Feb-10		6-Feb-10											
In												In												In									
Out		Hrs. Worked										Out		Hrs. Worked										Out		Hrs. Worked							
In		In		In		In		In		In		PRESIDENTS' DAY		In		In		In		In		In		In									
Out		Hrs. Worked		Out		Hrs. Worked		Out		Hrs. Worked				Out		Hrs. Worked		Out		Hrs. Worked		Out		Hrs. Worked		Out		Hrs. Worked		Out		Hrs. Worked	
22-Feb-10		23-Feb-10		24-Feb-10		25-Feb-10		26-Feb-10		27-Feb-10		TOTAL HOURS WORKED				DESCRIPTION OF NETWORK RELATED WORK																	
In																																	
Out		Hrs. Worked		Out		Hrs. Worked		Out		Hrs. Worked																							

Employee's Signature/Date _____ Lead Teacher's Signature/Date _____ School Administrator's Signature/Date _____ Network Administrator's Signature/Date _____

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Received: _____ Footed: _____ Budget: _____ Timekeeper: _____ Verified: _____

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CLASSIFIED TIMESHEET (Food Service Workers and Custodians) (2009-2010 FEDERAL SHARE)

Revised

EMPLOYEE NAME _____ EMPLOYEE NO.: _____ SCHOOL _____ LOC CODE _____

POSITION _____ REGULAR RATE _____

AWARD (Choose One) ACTION NURSE NAC
 REGULAR HOURS (Choose One) 6.5 Hours 8 Hours

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MONTH MARCH 2010 (Due at the *Network* Office by March 19)

MON		TUE		WED		THU		FRI		SAT		MON		TUES		WED		THUR		FRI		SAT	
1-Mar-10		2-Mar-10		3-Mar-10		4-Mar-10		5-Mar-10		6-Mar-10		8-Mar-10		9-Mar-10		10-Mar-10		11-Mar-10		12-Mar-10		13-Mar-10	
In		In		In		In		In		In		In		In		In		In		In		In	
Out	Hrs. Worked	Out	Hrs. Worked	Out	Hrs. Worked	Out	Hrs. Worked	Out	Hrs. Worked	Out	Hrs. Worked	Out	Hrs. Worked	Out	Hrs. Worked	Out	Hrs. Worked	Out	Hrs. Worked	Out	Hrs. Worked	Out	Hrs. Worked
15-Mar-10		16-Mar-10		17-Mar-10		18-Mar-10		3/19/2010 - DUE		20-Mar-10		22-Mar-10		23-Mar-10		24-Mar-10		25-Mar-10		26-Mar-10		27-Mar-10	
In		In		In		In		In		In		In		In		In		In		In		In	
Out	Hrs. Worked	Out	Hrs. Worked	Out	Hrs. Worked	Out	Hrs. Worked	Out	Hrs. Worked	Out	Hrs. Worked	Out	Hrs. Worked	Out	Hrs. Worked	Out	Hrs. Worked	Out	Hrs. Worked	Out	Hrs. Worked	Out	Hrs. Worked
29-Mar-10		30-Mar-10		31-Mar-10		TOTAL HOURS WORKED		DESCRIPTION OF NETWORK RELATED WORK															
In		In		In																			
Out	Hrs. Worked	Out	Hrs. Worked	Out	Hrs. Worked																		

Employee's Signature/Date _____ Lead Teacher's Signature/Date _____ School Administrator's Signature/Date _____ Network Administrator's Signature/Date _____

FOR NETWORK ACCOUNTING PURPOSES ONLY

Received: _____ Footed: _____ Budget: _____ Timekeeper: _____ Verified: _____

NETWORK FOR A HEALTHY CALIFORNIA—LAUSD

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CLASSIFIED TIMESHEET (Food Service Workers and Custodians) (2009-2010 FEDERAL SHARE)

Revised

EMPLOYEE NAME _____ EMPLOYEE NO.: _____ SCHOOL _____ LOC CODE _____

POSITION _____ REGULAR RATE _____

AWARD (Choose One) ACTION NURSE NAC
REGULAR HOURS (Choose One) 6.5 Hours 8 Hours

DIRECTIONS:

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MONTH APRIL 2010 (Due at the *Network* Office by April 20)

MON		TUE		WED		THU		FRI		SAT		MON		TUES		WED		THUR		FRI		SAT			
1-Apr-10		2-Apr-10		3-Apr-10		4-Apr-10		5-Apr-10		6-Apr-10		7-Apr-10		8-Apr-10		9-Apr-10		10-Apr-10							
In		In		In		In		In		In		In		In		In		In		In		In			
Out	Hrs. Worked	Out	Hrs. Worked	Out	Hrs. Worked	Out	Hrs. Worked	Out	Hrs. Worked	Out	Hrs. Worked	Out	Hrs. Worked	Out	Hrs. Worked	Out	Hrs. Worked	Out	Hrs. Worked	Out	Hrs. Worked	Out	Hrs. Worked		
12-Apr-10		13-Apr-10		14-Apr-10		15-Apr-10		16-Apr-10		17-Apr-10		18-Apr-10		19-Apr-10		4/20/2010 - DUE		21-Apr-10		22-Apr-10		23-Apr-10		24-Apr-10	
In		In		In		In		In		In		In		In		In		In		In		In			
Out	Hrs. Worked	Out	Hrs. Worked	Out	Hrs. Worked	Out	Hrs. Worked	Out	Hrs. Worked	Out	Hrs. Worked	Out	Hrs. Worked	Out	Hrs. Worked	Out	Hrs. Worked	Out	Hrs. Worked	Out	Hrs. Worked	Out	Hrs. Worked		
26-Apr-10		27-Apr-10		28-Apr-10		29-Apr-10		30-Apr-10		TOTAL HOURS WORKED				DESCRIPTION OF NETWORK RELATED WORK											
In		In		In		In		In																	
Out	Hrs. Worked	Out	Hrs. Worked	Out	Hrs. Worked	Out	Hrs. Worked	Out	Hrs. Worked																

Employee's Signature/Date _____ Lead Teacher's Signature/Date _____ School Administrator's Signature/Date _____ Network Administrator's Signature/Date _____

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Revised

EMPLOYEE NAME _____ EMPLOYEE NO.: _____ SCHOOL _____ LOC CODE _____

POSITION _____ REGULAR RATE _____

AWARD (Choose One) ACTION NURSE NAC
REGULAR HOURS (Choose One) 6.5 Hours 8 Hours

DIRECTIONS:

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MONTH MAY 2010 (Due at the *Network* Office by May 20)

MON		TUE		WED		THU		FRI		SAT		MON		TUES		WED		THUR		FRI		SAT	
10-May-10		11-May-10		12-May-10		13-May-10		14-May-10		15-May-10		17-May-10		18-May-10		19-May-10		5/20/2010 - DUE		21-May-10		22-May-10	
In		In		In		In		In		In		In		In		In		In		In		In	
Out		Out		Out		Out		Out		Out		Out		Out		Out		Out		Out		Out	
Hrs. Worked		Hrs. Worked		Hrs. Worked		Hrs. Worked		Hrs. Worked		Hrs. Worked		Hrs. Worked		Hrs. Worked		Hrs. Worked		Hrs. Worked		Hrs. Worked		Hrs. Worked	
24-May-10		25-May-10		26-May-10		27-May-10		28-May-10		29-May-10		31-May-10		TOTAL HOURS WORKED				DESCRIPTION OF NETWORK RELATED WORK					
In		In		In		In		In		In		MEMORIAL DAY											
Out		Out		Out		Out		Out		Out													

Employee's Signature/Date _____ Lead Teacher's Signature/Date _____ School Administrator's Signature/Date _____ Network Administrator's Signature/Date _____

FOR NETWORK ACCOUNTING PURPOSES ONLY

Received: _____ Footed: _____ Budget: _____ Timekeeper: _____ Verified: _____

NETWORK FOR A HEALTHY CALIFORNIA—LAUSD

6651-C Balboa Blvd., Van Nuys, CA 91406. PHONE: (818)609-2550

CLASSIFIED TIMESHEET (Food Service Workers and Custodians) (2009-2010 FEDERAL SHARE)

Revised

EMPLOYEE NAME _____ EMPLOYEE NO.: _____ SCHOOL _____ LOC CODE _____

POSITION _____ REGULAR RATE _____

AWARD (Choose One) ACTION NURSE NAC
REGULAR HOURS (Choose One) 6.5 Hours 8 Hours

DIRECTIONS:

1. Make a copy of the Classified Timesheet for the month that you are reporting time for.
2. Complete all the necessary information for this form in **INK**. Failure to do so will delay processing.
3. Complete the time IN/OUT and the Hours Worked for the specific dates. **This is for actual hours worked.**
4. Add up all the hours worked and place that number in the **TOTAL HOURS WORKED** box.
5. Sign your name and have your lead teacher and your administrator sign on the appropriate lines.
6. Make a copy for your file and send the original to the *Network* Office (School Mail: *Network for a Healthy California—LAUSD* c/o Mulholland MS) by the due date for each month for pay to be properly processed. **Only completed and original forms will be accepted.**
7. Time reported is for actual hours worked. Hours worked after the submission date should be reported on the appropriate timesheet and will be reported on the following pay period.
8. For help, refer to the Web site: www.healthylaUSD.net. For further assistance, contact the *Network* office at 818- 609-2550.

MONTH **JUNE 2010** (Due at the *Network* Office by June 11)

MON	TUE	WED	THU	FRI	SAT	MON	TUES	WED	THUR	FRI	SAT
	1-Jun-10	2-Jun-10	3-Jun-10	4-Jun-10	5-Jun-10	7-Jun-10	8-Jun-10	9-Jun-10	10-Jun-10	6/11/2010 - DUE	12-Jun-10
In		In		In		In		In		In	
Out	Hrs. Worked	Out	Hrs. Worked	Out	Hrs. Worked	Out	Hrs. Worked	Out	Hrs. Worked	Out	Hrs. Worked
14-Jun-10	15-Jun-10	16-Jun-10	17-Jun-10	18-Jun-10	19-Jun-10	21-Jun-10	22-Jun-10	23-Jun-10	24-Jun-10	25-Jun-10	26-Jun-10
In		In		In		In		In		In	
Out	Hrs. Worked	Out	Hrs. Worked	Out	Hrs. Worked	Out	Hrs. Worked	Out	Hrs. Worked	Out	Hrs. Worked
28-Jun-10	29-Jun-10	30-Jun-10	TOTAL HOURS WORKED			DESCRIPTION OF NETWORK RELATED WORK					
In		In		In							
Out	Hrs. Worked	Out	Hrs. Worked	Out	Hrs. Worked						

Employee's Signature/Date _____ Lead Teacher's Signature/Date _____ School Administrator's Signature/Date _____ *Network* Administrator's Signature/Date _____

FOR NETWORK ACCOUNTING PURPOSES ONLY

Received: Footed: Budget: Timekeeper: Verified:

NETWORK FOR A HEALTHY CALIFORNIA—LAUSD

6651-C Balboa Blvd., Van Nuys, CA 91406. PHONE: (818)609-2550

CLASSIFIED TIMESHEET (Food Service Workers and Custodians) (2009-2010 FEDERAL SHARE)

Revised

EMPLOYEE NAME _____ EMPLOYEE NO.: _____ SCHOOL _____ LOC CODE _____

POSITION _____ REGULAR RATE _____

AWARD (Choose One) ACTION NURSE NAC
REGULAR HOURS (Choose One) 6.5 Hours 8 Hours

DIRECTIONS:

1. Make a copy of the Classified Timesheet for the month that you are reporting time for.
2. Complete all the necessary information for this form in **INK**. Failure to do so will delay processing.
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4. Add up all the hours worked and place that number in the **TOTAL HOURS WORKED** box.
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MONTH **JULY 2010** (Due at the *Network* Office by August 27)

MON		TUE		WED		THU		FRI		SAT		MON		TUES		WED		THUR		FRI		SAT			
1-Jul-10		2-Jul-10		3-Jul-10		4-Jul-10		5-Jul-10		6-Jul-10		7-Jul-10		8-Jul-10		9-Jul-10		10-Jul-10							
In		In		In		In		INDEPENDENCE DAY		In		In		In		In		In		In		In			
Out		Hrs. Worked		Out		Hrs. Worked				Out		Hrs. Worked		Out		Hrs. Worked		Out		Hrs. Worked		Out		Hrs. Worked	
12-Jul-10		13-Jul-10		14-Jul-10		15-Jul-10		16-Jul-10		17-Jul-10		18-Jul-10		19-Jul-10		20-Jul-10		21-Jul-10		22-Jul-10		23-Jul-10		24-Jul-10	
In		In		In		In		In		In		In		In		In		In		In		In			
Out		Hrs. Worked		Out		Hrs. Worked		Out		Hrs. Worked		Out		Hrs. Worked		Out		Hrs. Worked		Out		Hrs. Worked			
26-Jul-10		27-Jul-10		28-Jul-10		29-Jul-10		30-Jul-10		31-Jul-10		TOTAL HOURS WORKED				DESCRIPTION OF NETWORK RELATED WORK									
In		In		In		In		In		In															
Out		Hrs. Worked		Out		Hrs. Worked		Out		Hrs. Worked															

Employee's Signature/Date _____ Lead Teacher's Signature/Date _____ School Administrator's Signature/Date _____ Network Administrator's Signature/Date _____

FOR NETWORK ACCOUNTING PURPOSES ONLY

Received: _____ Footed: _____ Budget: _____ Timekeeper: _____ Verified: _____

NETWORK FOR A HEALTHY CALIFORNIA—LAUSD

6651-C Balboa Blvd., Van Nuys, CA 91406. PHONE: (818)609-2550

CLASSIFIED TIMESHEET (Food Service Workers and Custodians) (2009-2010 FEDERAL SHARE)

Revised

EMPLOYEE NAME _____ EMPLOYEE NO.: _____ SCHOOL _____ LOC CODE _____

POSITION _____ REGULAR RATE _____

AWARD (Choose One) ACTION NURSE NAC
 REGULAR HOURS (Choose One) 6.5 Hours 8 Hours

DIRECTIONS:

1. Make a copy of the Classified Timesheet for the month that you are reporting time for.
2. Complete all the necessary information for this form in **INK**. Failure to do so will delay processing.
3. Complete the time IN/OUT and the Hours Worked for the specific dates. **This is for actual hours worked.**
4. Add up all the hours worked and place that number in the **TOTAL HOURS WORKED** box.
5. Sign your name and have your lead teacher and your administrator sign on the appropriate lines.
6. Make a copy for your file and send the original to the *Network* Office (School Mail: *Network for a Healthy California—LAUSD* c/o Mulholland MS) by the due date for each month for pay to be properly processed. **Only completed and original forms will be accepted.**
7. Time reported is for actual hours worked. Hours worked after the submission date should be reported on the appropriate timesheet and will be reported on the following pay period.
8. For help, refer to the Web site: www.healthylaUSD.net. For further assistance, contact the *Network* office at 818- 609-2550.

MONTH AUGUST 2010 (Due at the *Network* Office by August 27)

MON	TUE	WED	THU	FRI	SAT	MON	TUES	WED	THUR	FRI	SAT
2-Aug-10	3-Aug-10	4-Aug-10	5-Aug-10	6-Aug-10	7-Aug-10	9-Aug-10	10-Aug-10	11-Aug-10	12-Aug-10	13-Aug-10	14-Aug-10
In	In	In	In	In	In	In	In	In	In	In	In
Out	Hrs. Worked	Out	Hrs. Worked	Out	Hrs. Worked	Out	Hrs. Worked	Out	Hrs. Worked	Out	Hrs. Worked
16-Aug-10	17-Aug-10	18-Aug-10	19-Aug-10	20-Aug-10	21-Aug-10	23-Aug-10	24-Aug-10	25-Aug-10	26-Aug-10	8/27/2010 - DUE	28-Aug-10
In	In	In	In	In	In	In	In	In	In	In	In
Out	Hrs. Worked	Out	Hrs. Worked	Out	Hrs. Worked	Out	Hrs. Worked	Out	Hrs. Worked	Out	Hrs. Worked
30-Aug-10	31-Aug-10	TOTAL HOURS WORKED		DESCRIPTION OF NETWORK RELATED WORK							
In	In										
Out	Hrs. Worked	Out	Hrs. Worked								

Employee's Signature/Date _____ Lead Teacher's Signature/Date _____ School Administrator's Signature/Date _____ Network Administrator's Signature/Date _____

FOR NETWORK ACCOUNTING PURPOSES ONLY

Received: Footed: Budget: Timekeeper: Verified:

NETWORK FOR A HEALTHY CALIFORNIA—LAUSD

6651-C Balboa Blvd., Van Nuys, CA 91406. PHONE: (818)609-2550

CLASSIFIED TIMESHEET (Food Service Workers and Custodians) (2009-2010 FEDERAL SHARE)

Revised

EMPLOYEE NAME _____ EMPLOYEE NO.: _____ SCHOOL _____ LOC CODE _____

POSITION _____ REGULAR RATE _____

AWARD (Choose One) ACTION NURSE NAC
REGULAR HOURS (Choose One) 6.5 Hours 8 Hours

DIRECTIONS:

1. Make a copy of the Classified Timesheet for the month that you are reporting time for.
2. Complete all the necessary information for this form in **INK**. Failure to do so will delay processing.
3. Complete the time IN/OUT and the Hours Worked for the specific dates. **This is for actual hours worked.**
4. Add up all the hours worked and place that number in the **TOTAL HOURS WORKED** box.
5. Sign your name and have your lead teacher and your administrator sign on the appropriate lines.
6. Make a copy for your file and send the original to the *Network* Office (School Mail: *Network for a Healthy California—LAUSD* c/o Mulholland MS) by the due date for each month for pay to be properly processed. **Only completed and original forms will be accepted.**
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8. For help, refer to the Web site: www.healthylaUSD.net. For further assistance, contact the *Network* office at 818- 609-2550.

MONTH SEPTEMBER 2010 (Due at the *Network* Office by October 23)

MON		TUE		WED		THU		FRI		SAT		MON		TUES		WED		THUR		FRI		SAT			
1-Sep-10		2-Sep-10		3-Sep-10		4-Sep-10		5-Sep-10		6-Sep-10		7-Sep-10		8-Sep-10		9-Sep-10		10-Sep-10		11-Sep-10					
In		In		In		In		In		In		In		In		In		In		In		In			
Out	Hrs. Worked	Out	Hrs. Worked	Out	Hrs. Worked	Out	Hrs. Worked	Out	Hrs. Worked	Out	Hrs. Worked	Out	Hrs. Worked	Out	Hrs. Worked	Out	Hrs. Worked	Out	Hrs. Worked	Out	Hrs. Worked	Out	Hrs. Worked		
13-Sep-10		14-Sep-10		15-Sep-10		16-Sep-10		17-Sep-10		18-Sep-10		19-Sep-10		20-Sep-10		21-Sep-10		22-Sep-10		23-Sep-10		24-Sep-10		25-Sep-10	
In		In		In		In		In		In		In		In		In		In		In		In			
Out	Hrs. Worked	Out	Hrs. Worked	Out	Hrs. Worked	Out	Hrs. Worked	Out	Hrs. Worked	Out	Hrs. Worked	Out	Hrs. Worked	Out	Hrs. Worked	Out	Hrs. Worked	Out	Hrs. Worked	Out	Hrs. Worked	Out	Hrs. Worked		
27-Sep-10		28-Sep-10		29-Sep-10		30-Sep-10		TOTAL HOURS WORKED		DESCRIPTION OF NETWORK RELATED WORK															
In		In		In		In																			
Out	Hrs. Worked	Out	Hrs. Worked	Out	Hrs. Worked	Out	Hrs. Worked																		

Employee's Signature/Date _____ Lead Teacher's Signature/Date _____ School Administrator's Signature/Date _____ Network Administrator's Signature/Date _____

FOR NETWORK ACCOUNTING PURPOSES ONLY

Received: _____ Footed: _____ Budget: _____ Timekeeper: _____ Verified: _____