



**BIRDVILLE INDEPENDENT SCHOOL DISTRICT**  
**Professional Services Time Sheet**

**PAYROLL OFFICE USE ONLY:**

**RATE:** \_\_\_\_\_ **PAY:** \_\_\_\_\_  
 TRS RETIREE                      YES                      NO

NAME: \_\_\_\_\_ EMP PS ID #: \_\_\_\_\_ CAMPUS/DEPT: \_\_\_\_\_

PERIOD COVERED: \_\_\_\_\_ JOB PERFORMED: \_\_\_\_\_

	DAY	TIME IN	TIME OUT	TOTAL HOURS	COMMENTS
	1				
	2				
	3				
	4				
	5				
	6				
	7				
	8				
	9				
	10				
	11				
	12				
	13				
	14				
	15				
	16				
	17				
	18				
	19				
	20				
	21				
	22				
	23				
	24				
	25				
	26				
	27				
	28				
	29				
	30				
	31				

**TOTAL HOURS:** \_\_\_\_\_ **X** \$ \_\_\_\_\_ = \$ \_\_\_\_\_  
(total hours worked)                      X                      (rate of pay)                      (total amount earned)

**BUDGET CODE:** \_\_\_\_\_

**[Budget code must be entered BEFORE submitting to the Payroll Office.]**

**Payroll deductions will be applicable and payment will be reflected in the regular month. I certify the above to be a true and correct record of the time worked in this time period.**

\_\_\_\_\_  
**Employee's Signature                      Date                      Administrator's Signature                      Date**