Tulare County Office of Education
Tim A. Hire, County Superintendent of Schools

MONTHLY TIMESHEET

FOR EMPLOYEES & OVERTIME PAY

CHECK THE APPROPRIATE BOX:
☐ Additional Hours Worked
☐ Overtime
☐ Other _____

Name: _____ Month & Year: _____

Social Security #: XXX – XX – _____ Hourly Rate: $ _____

			Program Use ONLY			HR Use
Date	Reason for Additional Hours:	Total Hours	Additional Hours	Overtime Hours	Site Verification	FLSA Hours
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						
					TOTALS	

FD	RE	PY	GO	FN	OB	SI	CO	RP	%	Units	@ Rate	Total Due

I certify this to be a true and accurate statement of hours worked.

_____
Employee Signature Date

I certify hours have been verified.

_____
Department Approval Date

Please see reverse for instructions

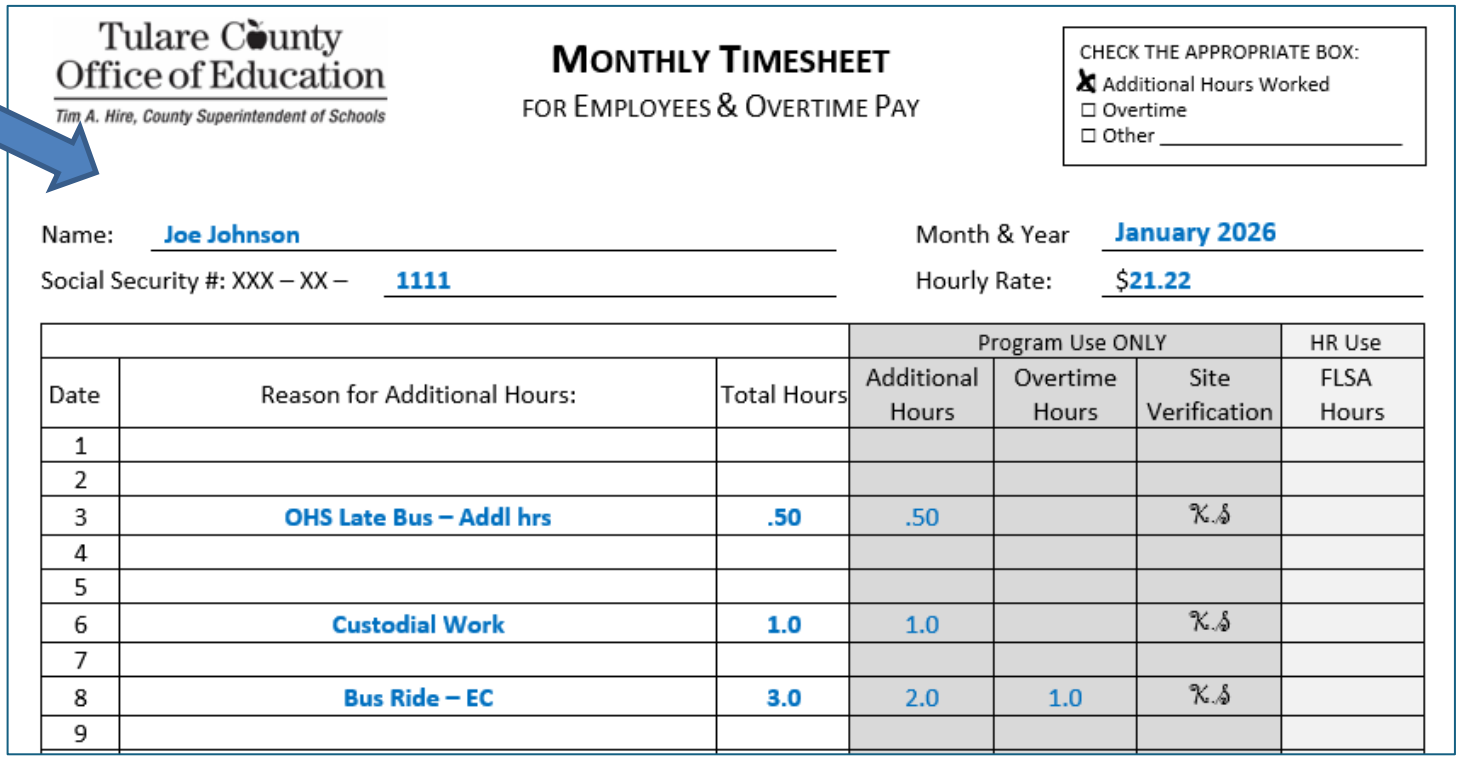
Rev 1/09/2026

INSTRUCTIONS FOR COMPLETING MONTHLY TIMESHEET

1) Accurately record your attendance daily with ink.
2) Sign and submit your completed timesheet by the 1st working day of the following month worked to your supervisor.
3) Timesheets not submitted by the deadline will delay compensation.
4) If a correction is necessary, email the correct information to your supervisor.
5) All work time reported on the timesheet is subject to review and verification.
6) See examples at the bottom of the page for information on completing the timesheet.

Regular Employees of TCOE (Permanent Staff)

You will typically use this form to report any additional hours added to your schedule or overtime hours worked. Overtime is defined as hours worked in excess of either eight (8) hours in a single day *OR* over forty (40) hours in a workweek, *OR* any work performed on the 6th and 7th consecutive day of work. Please record the total number of hours worked. Your manager is responsible for determining whether the reported hours qualify as additional hours or overtime. Be sure to include a brief description explaining the reason for the additional hours or overtime.



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CHECK THE APPROPRIATE BOX:
☒ Additional Hours Worked
☐ Overtime
☐ Other _____

Name: Joe Johnson
Month & Year: January 2026
Social Security #: XXX – XX – 1111
Hourly Rate: $21.22

			Program Use ONLY			HR Use
Date	Reason for Additional Hours:	Total Hours	Additional Hours	Overtime Hours	Site Verification	FLSA Hours
1						
2						
3	OHS Late Bus – Addl hrs	.50	.50		K.S	
4						
5						
6	Custodial Work	1.0	1.0		K.S	
7						
8	Bus Ride – EC	3.0	2.0	1.0	K.S	
9						

TIMESHEET SUBMISSION GUIDELINES

☑ TIMESHEETS MUST BE SUBMITTED **MONTHLY**.

☑ **DEADLINE:** SUBMIT TIMESHEETS BY THE **1ST WORKING DAY AFTER THE END OF THE MONTH WORKED BY 4:00 PM**.

☑ **SUBMISSION PROCESS:** SUBMIT YOUR TIMESHEET TO THE **PROGRAM** YOU ARE PROVIDING SERVICES FOR TO RECEIVE **DEPARTMENT APPROVAL** AND **FUNDING INFORMATION.**