Select District:

# CLASSIFIED
# MONTHLY MULTI ASSIGNMENT/FUNDED TIMESHEET

Fiscal solutions through collaboration, innovation, and communication

**NAME:**_____ **MONTH:**_____ **YEAR:**_____

POSITION 1:_____ HOURS PER DAY:_____

POSITION 2:_____ HOURS PER DAY:_____

| DATE | POS 1 HOURS WORKED | HOURS ABSENT | CODE | EXTRA HOURS |
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| 30 | | | | |
| 31 | | | | |
| TOTALS | 0.0000 | 0.0000 | | 0.0000 |

| DATE | POS 2 HOURS WORKED | HOURS ABSENT | CODE | EXTRA HOURS |
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| 30 | | | | |
| 31 | | | | |
| TOTALS | 0.0000 | 0.0000 | | 0.0000 |

**SL Illness** **PNL Personal Necessity** **JD Jury Duty** **VA Vacation**

**H Holiday** **WC Workers Comp** **ML Maternity Leave** **CT Comp Time**

**RT Release Time** **BR Beravement (State Relationship)**_____ **WOP Without Pay**

**I certify that all information is correct as indicated:**

**Employee's Signature:**_____ **Date:**_____

**Supervisor's Signature:**_____ **Date:**_____

**POS 1 - VCSBSA USE ONLY**

| Code | Rate | Units | Amount |
|---|---|---|---|
| REG | | | |
| OTS | | | |
| OT1 | | | |
| WOP | | | |
| | | | |

**POS 2 - VCSBSA USE ONLY**

| Code | Rate | Units | Amount |
|---|---|---|---|
| REG | | | |
| OTS | | | |
| OT1 | | | |
| WOP | | | |
| | | | |

**Total Pay:** _____

REV : 02/21