

**CLASSIFIED**  
**MONTHLY MULTI ASSIGNMENT/FUNDED TIMESHEET**



NAME: \_\_\_\_\_  
POSITION 1: \_\_\_\_\_  
POSITION 2: \_\_\_\_\_

MONTH: \_\_\_\_\_ YEAR: \_\_\_\_\_  
HOURS PER DAY: \_\_\_\_\_  
HOURS PER DAY: \_\_\_\_\_

DATE	POS 1 HOURS WORKED	HOURS ABSENT	CODE	EXTRA 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				

DATE	POS 2 HOURS WORKED	HOURS ABSENT	CODE	EXTRA 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				

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: \_\_\_\_\_