

**TIME SHEET FISCAL AGENCY EMPLOYEES**

**INSTRUCTIONS: To be paid by The Ed. Fund acting as fiscal agent for your employer**

- **Submit a separate timesheet for each month you work.**
- **Make sure you and your or Program Director sign all timesheets.**
- **Submit all timesheets to The Ed. Fund no later than the 20th of the month for payment by the 1<sup>st</sup> of the following month. Fax timesheets to 510-217-3996.**
  - **Do not estimate the hours you will work from the 21<sup>st</sup> to the 30<sup>th</sup> or 31<sup>st</sup> of the month. Just add those hours to the next month's Time Sheet.**
  - **Time Sheets submitted after the 20<sup>th</sup> day of the month will not be honored until the following month's payroll.**
- **Provide all information requested on the timesheet; otherwise, the timesheet will not be processed in the payroll.**

Name of Employer (i.e. Helms After School) \_\_\_\_\_

Date submitted: \_\_\_\_\_ Month/Year covered by this Time Sheet \_\_\_\_\_

Employee's name: \_\_\_\_\_

Change of address? New address/phone number \_\_\_\_\_

Mark the category that applies to you:

\_\_\_\_\_ Hourly rate of pay. If paid by the hour, indicate your hourly rate: \_\_\_\_\_

\_\_\_\_\_ Monthly stipend. If paid a stipend, indicate the amount of the stipend: \_\_\_\_\_

\_\_\_\_\_ Monthly salary. If paid a salary, indicate the monthly amount: \_\_\_\_\_

Date	Total Hours Worked	Date	Total Hours Worked
TOTAL HOURS WORKED DURING MONTH:			

\_\_\_\_\_  
Employee's signature

\_\_\_\_\_  
Program Director's signature