Classified (for CSEA overtime)

SAN LEANDRO UNIFIED SCHOOL DISTRICT

DUE IN PAYROLL ON THE 5th OF EACH MONTH

1145 Aladdin Ave, San Leandro, CA 94577

WARRANTS ARE ISSUED ON THE LAST WORKING DAY OF THE MONTH

Classified (510) 667-3517

ADMINISTRATOR APPROVAL REQUIRED

Certificated (510) 667-3516

LAST NAME / FIRST NAME (PLEASE PRINT)	Month (6-31)	Month (1-5)	Year
PSL (Employee ID) Number		Job Title	

DATE	SITE	Frontline Conf # (if applicable)	BUDGET #	SUB FOR	ASSIGNMENT	FROM-TO	TOTAL HOURS	ADMINISTRATOR APPROVAL
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								
1								
2								
3								
4								
5								
*EMPLOYEE SIGNATURE				DATE		TOTAL HOURS		

FOR PAYROLL USE ONLY
x
HOURS RATE

YOU ARE RESPONSIBLE FOR ACCURATE COMPLETION OF YOUR TIMESHEET

REV: 7/30/2025

LAVENDER

San Leandro Unified School District

Timesheet Instructions for Classified

Filling out your timesheet accurately and turning it in on time is necessary to ensure you get paid on-time and correctly. If you are missing information Payroll staff may need to return your timesheet which could delay your payment. **Scan the QR code for further instructions.**

Pick the right Timesheet to use

CSEA - Extra Hours	For CSEA PERMANENT employees who work **LESS than 7.5 hours a day**
CSEA - Overtime	For CSEA Permanent employees who work **7.5 hours or MORE**
T/T - Overtime	For Teamsters & Trade employees who work **7.5 hours or MORE**
Classified - Subs Only	All classified subs. For more details see the QR code
Certificated - Extra Hours	Extra hours worked for all certificated employees
Certificated - Substitute	Certificated substitute teachers

Fill out the top correctly

ADMINISTRATOR APPROVAL REQUIRED

The month the timesheet begins in and ends in. For example below a timesheet running Sept 6 through Oct 5.

Your Last and First Name (LEGAL name as written on your Social Security card)	Sep	Oct	2025
LAST NAME / FIRST NAME (PLEASE PRINT)	Month (6-31)	Month (1-5)	Year
Your Employee ID (REQUIRED for accurate/prompt processing)	Your Job Title		
PSL (Employee ID) Number	Job Title		

Enter each line/hours

DATE	SITE	Frontline Conf # (if applicable)	BUDGET #	SUB FOR	ASSIGNMENT	FROM-TO	TOTAL HOURS	ADMINISTRATOR APPROVAL
6	Site or Code	Frontline code (if available)	Account Code String Here	Who you subbed for	Assignment you subbed in	Time From and To	# Hours	
7								
8	I.e. SLHS or 16				I.e. for Classified Subs: Office Tech, Para MS, etc.	I.e. 4pm-5pm		
9			See your school office for help on fields you don't know how to fill out.					
10								

Coding/Admin Approval

Office and admin staff - Ensure each line is coded to the correct budget.

Administrators - Initial or full sign **each** line on the timesheet. Total the Hours at the bottom and **full sign** next to that.

5-6pm	1	Admin - initial here
5-6pm	1	Admin - initial here
	Total and full sign at bottom	
TOTAL HOURS	2	Admin - full sign

Original approved timesheets are **due to Payroll by the 5th of the month** to ensure warrant distribution on the last working day of the month. Failure to meet this deadline may result in delay of payment.

Timesheet Timeline