The Ed. Fund
West Contra Costa Public Education Fund
5 Alvarado Square San Pablo, CA 94806
Phone: 510-233-1464 • Fax: 510-217-3996 • Email: edfundwest@sbcglobal.net • Website: www.edfundwest.org

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 pay period month you work. Each pay period begins on the 21st of the month and ends on the 20th of the following month (e.g., Aug. 21 – Sept. 20).**
- **Make sure you and the Program Director sign all timesheets.**
- **Submit all timesheets to The Ed. Fund *no later than* the 20th of the month for payment by the 1st of the following month. Fax timesheets to 510-217-3996.**
  - **Do not estimate the hours you will work from the 21st to the 30th or 31st of the month. Just add those hours to the next month's Time Sheet.**
  - **Time Sheets submitted after the 20th 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/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 (from 21st of the mo. through 20th of following):			

_____ _____

Employee's signature

Program Director's signature
Phone number or email: _____