

# BURBANK UNIFIED SCHOOL DISTRICT

Employee Name (printed) \_\_\_\_\_

Week Beginning - Week Ending \_\_\_\_\_

**\*\*Please fill out new time ticket for each week**

I hereby certify that I have worked for the Burbank Unified School District this day as stated hereon.

Signed \_\_\_\_\_

**\*\*PLEASE NOTE: IF ANY INFORMATION IS MISSING ON THE TICKET, THE TICKET WILL BE SENT BACK TO THE EMPLOYEE AND WILL DELAY PAYMENT**

Job Number	Date	ATB Site	Person Subbing for (or note Open Position)	Start Time	Lunch (if applicable)		Stop Time
					Start	Stop	

Total hours worked for week \_\_\_\_\_

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