

The attached Timesheet
is being returned by the



ALBUQUERQUE
PUBLIC SCHOOLS

Grant Management Department

LOCATION/
SCHOOL _____

DATE _____

The enclosed time sheet records are being RETURNED to you for completion and/or correction of the following areas.

TIME SHEET RECORD

- ___ School Name
- ___ Employee Name
- ___ Title / Position
- ___ Employee Identification Number
- ___ Regular Duty Day Time
- ___ Company Number
- ___ Accounting Unit Number
- ___ Account Number
- ___ Sub Account Number
- ___ Day Worked
- ___ Date Worked (Cannot submit future dates)
- ___ Description of Work Performed must match Grant Proposal
- ___ Site Location Number
- ___ Hours Worked (must be outside duty day)
- ___ Circle am or pm
- ___ Total Hours per Day
- ___ Total Hours per Sheet
- ___ Hourly Rate
- ___ Total Amount
- ___ Pay Code
- ___ Funding is not available in account designated
- ___ Employee Signature and Date
- ___ Supervisor's Signature and Date
- ___ Program Director/Manager Signature and Date
- ___ Obsolete Time Sheet Record
- ___ Cannot process from a copy

- ___ Other _____:

PLEASE NOTE:

- **INCOMPLETE TIME RECORD SHEETS **WILL** DELAY PAYMENT**

- **TIME RECORD SHEETS WITH EXCEL COVER SHEET MUST BE SUBMITTED TO THE GRANT MANAGEMENT OFFICE.
310 EAST**

- **EXCEL UPLOAD FILE MUST BE SENT TO**

WITH THE CC: TO THE DESIGNATED APPROVER (TITLE I ONLY)

- **If you have any questions, please call:**

COMMENTS:

