

Name: _____ School / Dept: _____ Date Submitted: _____

(Please print)

Time sheets **must** be in their Supervisors Office by the 13th of the month. Please write clearly.

Position(s) Worked: _____

Month	Date	Beg Extra Time	End Extra Time	Total Extra Hours	OR Job #	OR Reason for Extra Time
	13					
	14					
	15					
	16					
	17					
	18					
	19					
	20					
	21					
	22					
	23					
	24					
	25					
	26					
	27					
	28					
	29					
	30					
	31					
	1					
	2					
	3					
	4					
	5					
	6					
	7					
	8					
	9					
	10					
	11					
	12					
	Totals					

THE INFORMATION STATED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE

Employee's
Signature: _____

Supervisor's
Signature: _____

Supervisor approval required prior to all extra / sub time to be paid

District Office Use ONLY - No Writing Below This Line -

Position	# of Hrs	Rate	Total
		\$	\$
		\$	\$
		\$	\$