

Comp time (Classified only)

Pay

**FARMERSVILLE UNIFIED SCHOOL DISTRICT
EXTRA DUTY TIMESHEET**

Month	Day	Description / Substitute for	Site	Start time	End time	Total hours	Authorized By	Resource /Goal
	1							
	2							
	3							
	4							
	5							
	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							

Print Name _____ I declare under penalty of perjury that this is true and correct record of work I have done.

Signed _____ Last 4 digits of SSI# _____ Date _____

**I UNDERSTAND IT IS MY RESPONSIBILITY TO SUBMIT THIS FORM TO THE BUSINESS OFFICE
ON THE LAST WORKING DAY OF THE MONTH**