

- Comp Time (Classified Employees Only)
- Pay



EMPLOYEE EXTRA DUTY/SUBSTITUTE TIMESHEET / PARS

Month	Day	Extra Duty Work Description/ Name of Teacher Substituting for	Site	Start time	End time	Total hours	Authorized By
	1						
Account No:							
	2						
Account No :							
	3						
Account No :							
	4						
Account No :							
	5						
Account No :							
	6						
Account No :							
	7						
Account No :							
	8						
Account No :							
	9						
Account No :							
	10						
Account No :							
	11						
Account No :							
	12						
Account No :							
	13						
Account No :							
	14						
Account No :							
	15						
Account No :							
	16						
Account No :							

Print Name _____ Signature _____

Month	Day	Extra Duty Work Description/ Name of Teacher Substituting for	Site	Start time	End time	Total hours	Authorized By
	17						
Account No :							
	18						
Account No :							
	19						
Account No :							
	20						
Account No :							
	21						
Account No :							
	22						
Account No :							
	23						
Account No :							
	24						
Account No :							
	25						
Account No :							
	26						
Account No :							
	27						
Account No :							
	28						
Account No :							
	29						
Account No :							
	30						
Account No :							
	31						
Account No :							

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

Print Name _____ Signature _____

SSN (last four) _____ Date _____ **EMPLOYEES ONLY:** Regular Work Hours _____ a.m. to _____ p.m.

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