

- Comp Time (Classified Employees Only)
- Pay



EMPLOYEE EXTRA DUTY/SUBSTITUTE TIMESHEET

Month	Day	Extra Duty Work Description/ Name of Teacher Substituting for	Site	Start time	End time	Total hours	Authorized By
	1						
District Use:							
	2						
District Use:							
	3						
District Use:							
	4						
District Use:							
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District Use:							
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District Use:							
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District Use:							
	15						
District Use:							
	16						
District Use:							

Month	Day	Extra Duty Work Description/ Name of Teacher Substituting for	Site	Start time	End time	Total hours	Authorized By
	17						
District Use:							
	18						
District Use:							
	19						
District Use:							
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District Use:							
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District Use:							
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District Use:							
	29						
District Use:							
	30						
District Use:							
	31						
District Use:							

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**