

ADDITIONAL PAY

**APPROVED TIME SHEETS DUE TO DISTRICT OFFICE BY THE 16TH OF EACH MONTH
ONLY APPROVED TIME SHEETS WILL BE PROCESSED**

LAST NAME	FIRST NAME	POSITION	MONTH/MONTH	YEAR												
DESCRIPTION	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

DESCRIPTION	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	Total

*REPORT ADDITIONAL TIME IN 1/4 HR INCREMENTS
 *SUBSTITUTE TIME WILL BE REPORTED IN TIME & ATTENDANCE THEN PROCESSED IN PAYROLL. CHECK WITH APPROPRIATE SUPERVISOR TO ENSURE TIME IS ACCURATELY RECORDED.

CERTIFY THAT THE ABOVE HOURS ARE CORRECT:

Explanation

EMPLOYEES SIGNATURE _____ DATE _____

ADMINISTRATORS SIGNATURE _____ DATE _____