

**Mansfield Independent School District  
EXTRA DUTY Employee Timesheet**

\* Please use blue ink  
\* Please PRINT clearly

**Employee:** \_\_\_\_\_

**Campus:** \_\_\_\_\_

**Employee ID:** \_\_\_\_\_

Pay Period	Month	Day	Year
Beginning			
Ending			

**Position (please circle):**    **Admin**    **Teacher**    **Paraprofessional**

Date	Time		Overtime		Reason for Extra Duty	Total	Total	Employee Initials
	In	Out	In	Out		Regular	Overtime	
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
31								
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
TOTAL HOURS								

	Hours	Hr. Rate	Amount
Budget Code			
Budget Code (if needed)			
Budget Code (if needed)			

Employee Signature \_\_\_\_\_ Date: \_\_\_\_\_  
 Note: Due in the Payroll Dept. by the 5<sup>th</sup> of the following month. If not received by this date, your check will be delayed one payroll cycle.  
 Supervisor Signature \_\_\_\_\_ Date: \_\_\_\_\_  
 Budget Owner Signature \_\_\_\_\_ Date: \_\_\_\_\_  
 (if needed)