

## CERTIFICATED EMPLOYEE EXTRA PAY TIMESHEET

For Additional Hours Beyond Regular Assignment

Name Key \_\_\_\_\_

Employee Name \_\_\_\_\_  
Please Print

Department/School \_\_\_\_\_

DATE WORKED	DESCRIPTION OF DUTIES PERFORMED	HOURS WORKED	RATE OF PAY	BUDGET # WILL BE ASSIGNED BY BUDGET ADMINISTRATOR
TOTAL HOURS				

**Time sheets must be received in the payroll office by the 5th of the month following the days worked.**

*Payroll requirements: 1 line per day, time in quarter hour increments, no white-out or pencil.*

*\*Do not add more lines to this timesheet (25 lines total). Please use another sheet if there are more than 25 days worked.*

Signature of Employee \_\_\_\_\_ Date \_\_\_\_\_

Signature of Immediate Supervisor/Budget Administrator \_\_\_\_\_ Date \_\_\_\_\_