VICTOR VALLEY UNION HIGH SCHOOL DISTRICT
CLASSIFIED CONTRACT EMPLOYEE - REPORT OF OVERTIME OR EXTRA TIME (Blue Paper)

Name: _____

For the month of _____ , 20 ___

XXX-XX-_____ / Site: _____
Social Security Number
(Last 4 numbers MUST be filled in before paperwork can be processed.)

DATE	DAYS/ HRS	Time In	Time Out	SUBSTITUTED FOR	REASON *	FUNDING SOURCE / ACCOUNT Number

VERY IMPORTANT:
It is YOUR responsibility to make certain your Overtime / Extra time Sheet is in the District Office Payroll Department no later than 4:00 p.m., on the 5th day of the month **(NO LATER THAN 4:00 p.m. ON THE 5th OF THE MONTH.)**

If your Overtime / Extra time sheet does not meet the deadline, your paycheck may not reflect the Over / Extra Time until the following pay period. **ACKNOWLEDGMENT: (Initials)** _____

DAYS/HRS	RATE	ACCOUNT DISTRIBUTION **(District Use Only)**

Reason *: I (Illness), PN (Personal Necessity), JD (Jury Duty), SB (School Business), DB (District Business), C (Conference), UN (Union Business)

I hereby certify that I have performed the duties as reported hereon, and this is true, correct and complete

_____
Signature of Employee

I hereby certify that the information appearing on this report is true and correct.

_____
Signature of Administrator