Franklin Pierce Schools

CLASSIFIED EMPLOYEE EXTRA PAY TIMESHEET

For Additional Hours Beyond Regular Assignment

Name Key: _____ **Department/School: _____**

Employee Name: _____

Please Print

DATE WORKED	NAME OF PERSON REPLACED OR DESCRIPTION OF DUTIES PERFORMED	HOURS WORKED	RATE OF PAY	BUDGET CODE WILL BE ASSIGNED BY BUDGET ADMINISTRATOR
	TOTAL HOURS	0		

Time sheets must be turned in to the Office Manager at the end of each month
Time sheets must be received in the payroll office by the 5th of each month.

Employee Signature _____ Date _____

Supervisor/Budget Administrator Signature _____ Date_____