

PERRIS UNION HIGH SCHOOL DISTRICT
MONTHLY EXTRA DUTY HOURS
CERTIFICATED

NAME _____ Employee # _____

PAY PERIOD _____ TO _____ 20_____

Date Submitted to Site by employee: _____

Date	Start Time		Lunch		End Time		Total Hours	Description of work
			From	To				
						Total Hours		

I HEREBY CERTIFY that I have worked for the Perris Union High School District on the days and hours stated above.

EMPLOYEE SIGNATURE

ADMINISTRATOR SIGNATURE

CATEGORICAL SIGNATURE

ASST SUP OF ED SERVICES

Fund	Res	Goal	Func	Obj	Total Hrs