Patterson Unified School District

Classified (Sub and Extra Duty)

Payroll Date: ____________________ **Employee Name:** ______________________________

Date	Sub: Position (Person)	Extra Duty (inc form #)**	# of Hours Worked	Per Diem / Hourly Rate	Funding Source	Amount
						$0.00
						$0.00
						$0.00
						$0.00
						$0.00
						$0.00
						$0.00
						$0.00
						$0.00
						$0.00
						$0.00
						$0.00
						$0.00
						$0.00
						$0.00
						$0.00
						$0.00
						$0.00
						$0.00
						$0.00
						$0.00
						$0.00
						$0.00
						$0.00
						$0.00
						$0.00
						$0.00
						$0.00
						$0.00
						$0.00
			0		Total	$0.00

*Please complete **either** sub or extra duty for each date; not both.

**Write the Code for Extra Duty not Requiring the Form

Adult Ed	1 1	-	6 3 9 1	-	0	-	____	-	____	-	____	-	0 0 8	-	____	-	X X
Alarm	0 1	-	____	-	0	-	2 2 7 3	-	____	-	8 2 0 0	-	_ _ _	-	ALRM	-	X X
ASP	0 1	-	9 0 2 1	-	0	-	2 ___	-	7 1 1 0	-	1 0 0 0	-	_ _ _	-	____	-	X X
Campus	0 1	-	0 0 0 0	-	0	-	2 9__	-	0 0 0 0	-	8 3 0 0	-	_ _ _	-	0 0 0 0	-	X X
Clerical	0 1	-	____	-	0	-	2 4__	-	__0 0	-	2 7 0 0	-	_ _ _	-	0 0 0 0	-	X X
Custodian	0 1	-	8 1 5 0	-	0	-	2 2__	-	0 0 0 0	-	8 2 0 0	-	_ _ _	-	0 0 0 0	-	X X
Food Serv	1 3	-	5 3 1 0	-	0	-	2 2__	-	0 0 0 0	-	3 7 0 0	-	0 0 8	-	0 0 0 0	-	X X
Interp	0 1	-	____	-	0	-	2 9 1 0	-	____	-	2 4 9 0	-	_ _ _	-	0 0 0 0	-	X X
Para	0 1	-	____	-	0	-	2 1 __	-	1 1 1 0	-	1 0 0 0	-	_ _ _	-	0 0 0 0	-	X X
Para PS	1 2	-	____	-	0	-	2 1 __	-	0 0 0 1	-	1 0 0 0	-	_ _ _	-	0 0 0 0	-	X X
Para SpEd	0 1	-	____	-	0	-	2 1 __	-	____	-	1 1 __	-	_ _ _	-	0 0 0 0	-	X X
Sumr Sch	0 1	-	____	-	0	-	2 ___	-	____	-	____	-	0 0 8	-	0 8 4 4	-	X X
YD	0 1	-	____	-	0	-	2 9 __	-	1 1 1 0	-	1 0 0 0	-	_ _ _	-	0 0 0 0	-	X X
	__	-	____	-	0	-	____	-	____	-	____	-	_ _ _	-	____	-	X X
	__	-	____	-	0	-	____	-	____	-	____	-	_ _ _	-	____	-	X X
	__	-	____	-	0	-	____	-	____	-	____	-	_ _ _	-	____	-	X X

SITE: ______________________________

I hereby certify that the number of hours listed above are acurate to the best of my knowledge.

Supervisor's Signature Date

I hereby certify that the above hours are true and correct to the best of my knowledge.

Claimant's Signature Date