Use Pink Paper

Newport School District

Timesheet for Pre-Approved Additional/Emergency Time

_____

Employee Last Name, First Name

_____

Location

Complete this timesheet for additional compensated time beyond your scheduled workday and submit with your regular monthly timesheet for payment.

Date	Duties Performed	Hours Worked	Rate of Pay	Total	Account to Charge

Employee Signature:_____ Date:_____

Supervisor Approval:_____ Date:_____