



SUPPLEMENTAL TIMESHEET

- SUBMIT SEPARATE TIMESHEET FOR SEPARATE JOBS AND/OR SEPARATE SITES. ▪COMPLETE IN BLUE OR BLACK INK
- PAY PERIODS ARE THE 26TH-25TH OF EACH MONTH, PAYABLE ON THE 10TH OF THE FOLLOWING MONTH

NAME: _____ POSITION & SITE WORKED AT: _____

Write in Month AND Year	CLASSIFIED Extra Hours/Sub Hours (Under 8)	CLASSIFIED Overtime Hours (excess of 8)	CERTIFICATED Extra Hours or Sub Days	Description of work performed OR full name of employee you are subbing for	District Office Use Only
USE CHARTS OF EQUIVALENTS ON BACK TO ENTER MINUTES. DO NOT ROUND. (i.e. 10 min = .16, 30 min = .5, 5 hr 40 min = 5.66)					
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TOTALS					

Failure to complete this form in its entirety may result in a delay of payment.

Employee Signature **Date** **Authorizing Signature** **Date**

FD	RESC	Y	OBJT	SO	GOAL	FUNC	SCH	L1	LO2	L3
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FD	RESC	Y	OBJT	SO	GOAL	FUNC	SCH	L1	LO2	L3
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