

Claiborne Parish School Board

EXTRA DUTIES—TIME SHEET

_____ School

_____ performed the following services: _____

Employee Name

on _____.

Date

He/she is entitled to \$ _____ for performing these services.

Principal's Signature

Date

Notice:

Send this form to the CPSB Payroll Department. DO NOT send a check with this form. The school board will send an invoice to the school for the total amount of extra pay, including benefits.

*****DO NOT COMPLETE**PAYROLL USE ONLY*****

Amount due to payroll-Central Office:

Wages due	\$ _____
Medicare _____%	\$ _____
TRSL _____%	\$ _____
LSERS _____%	\$ _____
Total Due to Payroll Department	\$ _____