RAISIN CITY SCHOOL DISTRICT

MONTHLY TIME SHEET FOR EXTRA TIME AND OVERTIME

_____ _____ _____

Name Job Title Month/Year

DATE	START	FINISH	TOTAL	REASON	AUTHORIZATION

Instructions: All time worked must be pre-approved. Authorization may only be made by the Superintendent.
Emergencies are the exception. This form is to be turned in at the end of the month.

I hereby certify that this report is an after-the-fact determination of actual effort expended for the period indicated and that I have full knowledge of 100 percent of these activities.

_____ _____

Employee Signature Date Supervisor Signature Date

PAYROLL USE ONLY										
Fund	Res	Year	Goal	Function	Object	Site	Dept	Rate	Hours	Amount