

# WESTMINSTER SCHOOL DISTRICT: Certificated Extra Hours Timesheet



Employee Name: \_\_\_\_\_ Assignment: \_\_\_\_\_

Employee ID Number: \_\_\_\_\_ School Site / Department: \_\_\_\_\_

Start Month:			End Month:		
Date	Extra Hours Assignment	Total Hours	Date	Extra Hours Assignment	Total Hours
16			1		
17			2		
18			3		
19			4		
20			5		
21			6		
22			7		
23			8		
24			9		
25			10		
26			11		
27			12		
28			13		
29			14		
30			15		
31					
<b>Grand Total Hours:</b>			<b>Hourly Rate:</b>	<b>Staff Dev. Rate \$50/HR:</b>	
<b>Flat Stipend Amount:</b>			<b>Sub on Prep Period Rate \$60/HR:</b>		

Pay Period is from 16th of the prior month to the 15th of the current month.

**\*\*Timesheets due to Payroll 16th of every month\*\***

**AFFIDAVIT:** I hereby certify this time report is true and correct.

\_\_\_\_\_  
Administrator Signature                      Date

\_\_\_\_\_  
Employee Signature                              Date

<b>Board Approval</b>	
Date	_____
Budget	_____

<b>PAYROLL PORTION</b>		
Date Received: _____	Inputted By: _____	Pay Cycle: _____