WESTMINSTER SCHOOL DISTRICT:
Group Extra Hours Timesheet

Timesheet Type: _____ **School Site/ Department:** _____

Activity Title: _____ **Date:** _____

Employee Name	ID #	Total Hours	Employee Signature

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

_____ _____
Administrator Signature **Date**

_____
Administrator Name (Printed)

Board Approval Date _____

Budget _____

PAYROLL PORTION

Date Received: _____ **Inputted By:** _____ **Pay Cycle:** _____