EXTRA DUTY TIME SHEET **NAME: _____ DEPT:**

***Please include detailed description of duties , dates worked, total hours, appropriate rate, and supervisor signature before submitting. Thank you!** **CE- CERTIFICATED CL-CLASSIFIED**

Date	SU	M	T	W	TH	F	SA
In							
Out							
In							
Out							
Total Hrs							

Duties:	
CL OVERTIME	☐
CE Hourly Rate	☐
CE $35 Training Rate	☐
CE $60 Planning Rate	☐

Date	SU	M	T	W	TH	F	SA
In							
Out							
In							
Out							
Total Hrs							

Duties:	
CL OVERTIME	☐
CE Hourly Rate	☐
CE $35 Training Rate	☐
CE $60 Planning Rate	☐

Date	SU	M	T	W	TH	F	SA
In							
Out							
In							
Out							
Total Hrs							

Duties:	
CL OVERTIME	☐
CE Hourly Rate	☐
CE $35 Training Rate	☐
CE $60 Planning Rate	☐

Date	SU	M	T	W	TH	F	SA
In							
Out							
In							
Out							
Total Hrs							

Duties:	
CL OVERTIME	☐
CE Hourly Rate	☐
CE $35 Training Rate	☐
CE $60 Planning Rate	☐

_____	_____	_____
Employee Name	Signature	Date
_____	_____	_____
Administrator Name	Signature	Date
_____	_____	_____
CBO Name	Signature	Date

Total CL Hours
Total CE Hours