



Mt. Diablo Unified School District

PAY PERIOD ENDING: _____
 Month Year

CASELOAD OVERAGE CERTIFICATED TIMESHEET

NAME: _____ EMPLOYEE ID: _____

JOB TITLE: SCHOOL NURSE

1936 Carlotta Dr., Wing B
 Concord, CA 94518
 925-682-8000 ext 4201

Please Note: Overage pay is calculated at 1/2400 of the Nurse's Per Diem Rate per student and per day.

School Sites	Total Number of Students on Caseload	Per Contract Total Number of Students Allowed	Number of Students Over Contract	Date Beginning	Date Ending	Total Days Over
Site #1:						
Site #2:						
Site #3:						
Site #4:						
NPS & Private:						
TOTAL:						

*Your Monthly Caseload Roster must be attached to this time sheet for submission and approval. The Monthly Caseload Roster must account for all days claimed above. Please submit your completed form to: **School Support, Dent Wing D**

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Chief, Pupil Services & Special Education Signature: _____ Date: _____

HR Admin Signature: _____ Date: _____

TO BE COMPLETED BY PAYROLL:

TO BE COMPLETED BY SUPERVISOR / HR ADMIN:

Hour Code	Hours	Amount	EXPENSE CODE
			01.0000.
			01.0000.
			01.0000.
			01.0000.

THIS TIMESHEET MUST BE SUBMITTED BY THE 21ST OF THE MONTH TO BE PAID BY THE 10TH OF THE FOLLOWING MONTH