



CUSTODIAL, MAINTENANCE & TRANSPORTATION EXTRA HOURS

Employee Name: _____ Month: _____

Fill out DAILY and complete the **Job Duty and Job Description** as specifically as possible. Timesheets must be accurately completed and signed by all parties to be eligible for payroll to process.

18.15 Timesheets submitted by the 10th of the month will be paid on the last business day of that month. All timesheets must be submitted by the last business day of the month following the month in which the time was worked.

Date	Route #	Location	Job Duty / Job Description	Time in	Time out	Total Time	ADMIN: Notes
TOTAL EXTRA HOURS							

Employee Signature

Date

Supervisor Signature

Date

ADMIN: Pay Code	ADMIN: Pay Rate	ADMIN: Hours	ADMIN: Account Code
			10 E 530 ____ _
			10 E 530 ____ _
			10 E 530 ____ _
			10 E 530 ____ _