

*** SIGN-IN SHEET FOR EXTRA DUTY PAY**
DONNA INDEPENDENT SCHOOL DISTRICT

NAME OF EMPLOYEE: _____

ID: _____

CAMPUS/DEPARTMENT: _____

PROJECT: _____

WEEK OF: _____

DAY	DATE	IN	OUT	Hrs.	SIGNATURE
Sunday					
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					

WEEK OF: _____

DAY	DATE	IN	OUT	Hrs.	SIGNATURE
Sunday					
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					

WEEK OF: _____

DAY	DATE	IN	OUT	Hrs.	SIGNATURE
Sunday					
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					

WEEK OF: _____

DAY	DATE	IN	OUT	Hrs.	SIGNATURE
Sunday					
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					

TOTAL HOURS FOR THIS PAY PERIOD: _____

I certify that the above information is true and correct.

Signature of Administrator in Charge of Program: _____ Date _____