Classified (Sub and Extra Duty)

Patterson Joint Unified School District

Payroll Date: _____ **Employee Name:** _____

Date	Sub: Position (Person)	Extra Duty (inc form #)**	# of Hours Worked	Per Diem / Hourly Rate	Funding Source	Amount
					Total	

*Please complete **either** sub or extra duty for each date; not both

**Write the Code for Extra Duty not Requiring the Form

SITE: _____

I hereby certify that the above hours are true and correct to the best of my knowledge.

I hereby certify that the number of hours listed above are acurate to the best of my knowledge.

Claimant's Signature _____ Date _____

Supervisor's Signature _____ Date _____

ATSM Para	0	1	-	3	3	1	0	-	0	-	2	1	_	_		5	7	_	_	-	1	1	1	0	-	0	0	8	-	A	T	S	M	-	_	_
Campus	0	1	-	_	_	_	_	-	0	-	2	9	_	_	-	0	0	0	0	-	8	3	0	0	-	_	_	_	-	_	_	_	_	-	X	X
Clerical	0	1	-	_	_	_	_	-	0	-	2	4	_	_	-	0	0	0	0	-	2	7	0	0	-	_	_	_	-	0	0	0	0	-	X	X
Custodian	0	1	-	0	0	0	0	-	0	-	2	2	_	_	-	0	0	0	0	-	8	2	0	0	-	0	0	8	-	0	0	0	0	-	X	X
ELP	0	1	-	_	_	_	_	-	0	-	2	_	_	_	-	7	1	1	0	-	1	0	0	0	-	_	_	_	-	_	_	_	_	-	X	X
Nutrition Serv	1	3	-	5	3	1	0	-	0	-	2	2	_	_	-	0	0	0	0	-	3	7	0	0	-	0	0	8	-	0	0	0	0	-	X	X
Interpter	0	1	-	_	_	_	_	-	0	-	2	9	1	0	-	_	_	_	_	-	2	4	9	0	-	_	_	_	-	0	0	0	0	-	X	X
Para	0	1	-	_	_	_	_	-	0	-	2	1	_	_	-	1	1	1	0	-	1	0	0	0	-	_	_	_	-	0	0	0	0	-	X	X
Pre Para	1	2	-	_	_	_	_	-	0	-	2	1	_	_	-	0	0	0	1	-	1	0	0	0	-	0	0	8	-	0	0	0	0	-	X	X
SpEd Para	0	1	-	_	_	_	_	-	0	-	2	1	_	_	-	5	7	6	0	-	1	1	1	0	-	_	_	_	-	0	0	0	0	-	X	X
Sumr Sch	0	1	-	_	_	_	_	-	0	-	2	_	_	_	-	_	_	_	_	-	_	_	_	_	-	0	0	8	-	0	8	4	4	-	X	X
Yard Duty	0	1	-	_	_	_	_	-	0	-	2	9	_	_	-	1	1	1	0	-	1	0	0	0	-	_	_	_	-	_	_	_	_	-	X	X
	_	_	-	_	_	_	_	-	0	-	_	_	_	_	-	_	_	_	_	-	_	_	_	_	-	_	_	_	-	_	_	_	_	-	_	_
	_	_	-	_	_	_	_	-	0	-	_	_	_	_	-	_	_	_	_	-	_	_	_	_	-	_	_	_	-	_	_	_	_	-	_	_

Minute to hour conversion:

0-7 min = 0 hr
8-23 min = .25 hr
24-38 min = .5 hr
39-53 min = .75 hr
54-60 min = 1 hr

Revised 05/2025