

**Midland Independent School District
EXTRA DUTY Employee Timesheet**

Employee: _____

Campus: _____

Employee ID: _____

Pay Period	Month	Day	Year
Beginning			
Ending			

Date	Time		Reason for Extra Duty	Total
	In	Out		Regular
01				
02				
03				
04				
05				
06				
07				
08				
09				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				
31				

Budget Code		Hour Rate	Total Hours	Amount

Employee Signature: _____	Date: _____
<i>Note: Due in the Payroll Department by the payroll deadline. If not received by this date, your check will be delayed one payroll cycle.</i>	
Supervisor Signature/ID: _____	Date: _____
Budget Owner Signature: _____ (if needed)	Date: _____