



SNOHOMISH  
SCHOOL  
DISTRICT

# EXTRA HOURS TIMESHEET

*Complete 1 month per timesheet only  
Total daily hours must be rounded to the 1/4 hr (.25, .50, .75)  
Please fill out using blue or black ink - no white out, no pencil.*

*(Circle one. Selection based on your employee type, not work performed)*

<b>Certificated</b>	<b>Classified</b>
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NAME: \_\_\_\_\_ Position: \_\_\_\_\_

(legal name only - no nicknames)

Location: \_\_\_\_\_ Month: \_\_\_\_\_ Year: \_\_\_\_\_

Date	Extra Hrs Wrkd	Explanation	Billable To
PENCIL OR WHITE-OUT WILL NOT BE ACCEPTED. PLEASE CROSS OUT AND INITIAL ANY CHANGES			

Employee's Signature \_\_\_\_\_ (certifies under penalty of law this is a true and accurate record of hours worked)      Date \_\_\_\_\_

THIS AREA MUST BE COMPLETED FOR PAYMENT OF ALL EXTRA HOURS			
Classified Hourly	<input style="width: 80%;" type="text"/>	Cert Hourly Rate	
\$ _____ Rate or	<input style="width: 80%;" type="text"/>	Cert Per Diem      Budget # _____	

Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

Dept./Program Signature \_\_\_\_\_ Date \_\_\_\_\_