



MUSTANG PUBLIC SCHOOLS

Employee Additional Pay TIME SHEET

LEGAL NAME (Print) _____ EMPLOYEE ID# _____ LOCATION _____

***Only one pay type per timesheet.**

- Covering Class
 Additional Work Time
 Homebased/bound
 Crosswalk/Lunch Duty
 Detention
 Field Maintenance
 Tutoring
 OTHER

DATE	BEGINNING TIME	ENDING TIME	TOTAL TIME	IF "OTHER" PLEASE EXPLAIN

***I certify that the above record of service is correct to the best of my knowledge.**

TOTAL ADDITIONAL TIME WORKED (All Columns) _____

EMPLOYEE SIGNATURE _____ DATE _____

FOR DIRECT SUPERVISOR ONLY: Please explain below why an additional pay time sheet is being submitted for this employee if additional information is needed or requested.

For Example: This teacher covered a class on his/her planning period.

For Example: This support employee fulfilled the role of a classroom teacher in a teacher's absence.

DIRECT SUPERVISOR/ADMINISTRATOR SIGNATURE _____ DATE _____

Rate of pay is determined by current negotiated agreement(s) or MPS Human Resources policy.