District 205
Additional Hours
Time Worked

TT ___   TR ___   TW ___

PC ___   OA ___   DT ___

Employee Name _____   **Payroll Period Ending** _____

Account Number _____   **Employee ID#** _____

Date	Assignment Description		Start Time	End Time		Straight Time	
			Total				

SELECT ONE:

___ ADMINISTRATOR   EMPLOYEE SIGNATURE

___ TEACHER

___ PARA

___ STUDENT

___ SUBSTITUTE   SUPERVISOR'S SIGNATURE _____

___ OUTSIDE EMPLOYEE

___ RETIREE   BUILDING ADMINISTRATOR'S SIGNATURE _____

                        DISTRICT ADMINISTRATOR'S SIGNATURE