



EXTRA DUTY TIME SHEET

NAME: _____ DEPT: _____

PLEASE INCLUDE A DETAILED DESCRIPTION OF DUTIES, DATES WORKED, TOTAL HOURS, APPROPRIATE RATE, AND SUPERVISOR SIGNATURE

CE- CERTIFICATED

CL- CLASSIFIED

SUPPLEMENTAL

DATE	SUN.	MON.	TUES.	WED.	THURS.	FRI.	SAT.
IN							
OUT							
IN							
OUT							
TOTAL HOURS							

DUTIES:	
CL OVERTIME	<input type="checkbox"/>
CE HOURLY RATE	<input type="checkbox"/>
CE \$60 PLANNING	<input type="checkbox"/>
CE \$35 TRAINING	<input type="checkbox"/>

DATE	SUN.	MON.	TUES.	WED.	THURS.	FRI.	SAT.
IN							
OUT							
IN							
OUT							
TOTAL HOURS							

DUTIES:	
CL OVERTIME	<input type="checkbox"/>
CE HOURLY RATE	<input type="checkbox"/>
CE \$60 PLANNING	<input type="checkbox"/>
CE \$35 TRAINING	<input type="checkbox"/>

DATE	SUN.	MON.	TUES.	WED.	THURS.	FRI.	SAT.
IN							
OUT							
IN							
OUT							
TOTAL HOURS							

DUTIES:	
CL OVERTIME	<input type="checkbox"/>
CE HOURLY RATE	<input type="checkbox"/>
CE \$60 PLANNING	<input type="checkbox"/>
CE \$35 TRAINING	<input type="checkbox"/>

DATE	SUN.	MON.	TUES.	WED.	THURS.	FRI.	SAT.
IN							
OUT							
IN							
OUT							
TOTAL HOURS							

DUTIES:	
CL OVERTIME	<input type="checkbox"/>
CE HOURLY RATE	<input type="checkbox"/>
CE \$60 PLANNING	<input type="checkbox"/>
CE \$35 TRAINING	<input type="checkbox"/>

EMPLOYEE NAME

SIGNATURE

DATE	TOTAL CL HOURS

ADMINISTRATOR NAME

SIGNATURE

DATE	TOTAL CE HOURS

CBO NAME

SIGNATURE

DATE