

BARBERS HILL ISD EXTRA DUTY TIMESHEET

* Required Fields

*please complete this timesheet for ONE (1) week at a time and turn into the Payroll office promptly. For timesheet due dates, please check the Payroll Pay Schedule at BHISD.NET

*NAME: _____

*DATE: _____

*POSITION: _____

*CAMPUS: _____

*DATE	TIME IN	TIME OUT	*TOTAL HOURS (round to nearest 15 min)	DUTY PERFORMED (CIRCLE ONE)
				HOURLY CHILDCARE
				DETENTION
				PHOTOGRAPHY
				HOURLY SUBSTITUTE
				TUTORING
				SPECIAL OLYMPICS
				CONCESSIONS
				OTHER _____

The time I have reported is a true and correct statement of the hours I have worked.

	TOTAL HOURS (round to nearest 15 min)*
	PAY RATE*
	TOTAL PAY AMOUNT*

Employee Signature Date

please do not sign unless Total Pay Amount is completed

Principal/Supervisor Signature Date

Account Code: _____

FOR PAYROLL OFFICE USE ONLY			
PAY CODE:	RATE:	HOURS:	TOTAL: