

CERTIFIED ADDITIONAL ASSIGNMENT (Pre-approval of expenditure and budget code required)

NAME _____ EMPLOYEE ID# _____

ADDRESS _____

WORK LOCATION _____ WORK PERFORMED _____

IF SUBSTITUTE, TEACHER REPLACED _____ JOB # _____

MONTH _____ PAR # _____

Chart below to be used for hourly rates only; **enter total hours for a.m. and p.m.**

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
A M																															
P M																															

• HOURLY RATE _____ TOTAL HOURS WORKED _____ TOTAL EARNED _____

or

• DAILY RATE _____ TOTAL DAYS WORKED _____ TOTAL EARNED _____

or

• STIPEND RATE _____ BEGINNING DATE: _____ ENDING DATE: _____

Budget Code _____

I certify that these services herein represented have been rendered and were performed outside my normal contract day.

Employee Signature _____ Date _____

Immediate Supervisor _____ Date _____ Authorizing Administrator _____ Date _____

Important: All timesheets are due in Payroll every Thursday by 2:00pm for the workweek ending Wednesday. Time sheets not picked up by district courier on Thursday mornings will need to be hand delivered to Payroll by 2:00pm. Time sheet will be returned if not complete.