



EXTRA DUTY TIME SHEET
PHILOMATH SCHOOL DISTRICT

PRINT NAME _____

DATE	HOURS	DUTY OR POSITION	SCHOOL	ACCOUNT CODE
TOTAL				

SIGNATURE: _____ **DATE:** _____

SUPERVISOR'S SIGNATURE: _____

This form must be completed in it's entirety and submitted to the district office by the 15th of each month for addition in the current months payroll.