Mount Olive Township School District

WEEKLY Time Sheet for Extra Hours

Name: _____ ***Current Position:*** _____

(please print full name)

School: _____ ***Full-Time or Part-Time:*** _____

Currently Contracted Hours: _____

for example: 8:00 - 3:00

WEEK BEGINNING MONDAY (date): ***WEEK ENDING SUNDAY (date):***

Please ensure that all timesheets are completed in their entirety and correctly. ***This timesheet is for 1 week only.***
Any submissions lacking necessary information or incorrect will be returned and your extra pay may be delayed.

Date Worked	Extra Time Worked *(for example: 3:30-5:00)* DO NOT INCLUDE BASE HOURS	Reason *	**Student ID number ... *if IEP mandated*	Total Hours ***	For Payroll Use Only *Account #*
9/15/2025	*4:00 - 5:15*	*Bus Duty*	*1234*	*1.25*	*EXAMPLE*
		TOTAL HOURS FOR THE WEEK			

***REASON: Lunch Support, Bus Duty, After School Activities, Unified, Best Buddies, or Other (must specify)**

***Lunch Support, Bus Duty & After School Activities require IEP mandate**

****TOTAL HOURS:** ALL HOURS MUST BE IN DECIMAL FORMAT ONLY

(for example: 15 minutes = .25 30 minutes = .5 45 minutes = .75)

Building/Department Admin to complete:

Board Approval Agenda Date: *Action Item Number:*

Building/Department Admin Signature: *Date:*

By signing above, I hereby certify that I have verified the dates and hours worked as noted on this timesheet.

For Payroll Use Only:

DO NOT HOLD TIMESHEET. ***WHEN WEEK IS COMPLETE, PLEASE TURN IN TO ADMIN FOR SIGNATURE IMMEDIATELY.***