# 26-27 Classified Sub and Extra Duty Timesheet

## Patterson Joint Unified School District

**Payroll Date:** ____________________ **Employee Name:** ________________________________________

(Last name, First name)

| Date | Substitute: Job Title (Absent Employee) | Extra Duty: Job Title (Exemption Code or XDTY #) | # of Hours Worked | Per Diem / Hourly Rate | Funding Source | Amount |
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*Please complete **either** sub or extra duty for each date; not both

**Write the Code for Extra Duty not Requiring the Form

**SITE:** ____________________

I hereby certify that the above hours are true and correct to the best of my knowledge.

I hereby certify that the number of hours listed above are acurate to the best of my knowledge.

Claimant's Signature ____________________ Date

Supervisor's Signature ____________________ Date

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| ATSM Para | 0 1 | - | 6 5 0 0 | - | 0 | - | 2 1 _ _ | | 5 7 _ _ | - | 1 1 1 0 | - | 0 0 8 | - | A T S M | - | _ _ |
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| Cross Guard | 0 1 | | _ _ _ _ | - | 0 | - | 2 9 _ _ | - | 0 0 0 0 | - | 2 7 0 0 | - | _ _ _ | - | G _ _ _ | - | X X |
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| Sumr Sch | 0 1 | - | _ _ _ _ | - | 0 | - | 2 _ _ _ | - | _ _ _ _ | - | _ _ _ _ | - | 0 0 8 | - | 0 8 4 4 | - | X X |
| TK | _ _ | - | _ _ _ _ | - | 0 | - | _ _ _ _ | - | _ _ _ _ | - | _ _ _ _ | - | _ _ _ | - | _ _ _ _ | - | T K |
| Yard Duty | 0 1 | - | _ _ _ _ | - | 0 | - | 2 9 _ _ | - | 1 1 1 0 | - | 1 0 0 0 | - | _ _ _ | - | 0 0 0 0 | - | X X |
| | _ _ | - | _ _ _ _ | - | 0 | - | _ _ _ _ | - | _ _ _ _ | - | _ _ _ _ | - | _ _ _ | - | _ _ _ _ | - | _ _ |

**Minute to hour conversion:**

**0-7 min = 0 hr**
**8-23 min = .25 hr**
**24-38 min = .5 hr**
**39-53 min = .75 hr**
**54-60 min = 1 hr**

Revised 7/1/26