

Name: \_\_\_\_\_ School / Dept: \_\_\_\_\_ Date Submitted: \_\_\_\_\_  
 (Please print)  
 Position(s) Worked: \_\_\_\_\_ Time sheets **must** be in their Supervisor's Office by the 13th of the month. Please write clearly

Month	Date	Beg Extra Time	End Extra Time	Total Extra Hours	Job # OR Reason for Extra Time
	13				
	14				
	15				
	16				
	17				
	18				
	19				
	20				
	21				
	22				
	23				
	24				
	25				
	26				
	27				
	28				
	29				
	30				
	31				
	1				
	2				
	3				
	4				
	5				
	6				
	7				
	8				
	9				
	10				
	11				
	12				
	<b>Totals</b>				

**THE INFORMATION STATED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE**

Employee's  
Signature:

Supervisor's  
Signature:

**District Office Use ONLY - No Writing Below This Line - Supervisor approval required prior to all extra I sub time to be paid**

Position	# of Hours	Rate	Total
		\$	\$
		\$	\$
		\$	\$