

CERTIFICATED ADDITIONAL TIMESHEET

EMPLOYEE NAME _____ ID # _____

WORK SITE _____ MONTH/YEAR _____

CHECK ONE CURRICULAR RATE PER DIEM
(one type per timesheet) CLASS COVERAGE 1601 CLASS COVERAGE 161

DEADLINE: Period of 1st – 10th and Period of 11th – 31st each due in the Payroll Office by 5:00 pm next business day

DATE	TIME IN	TIME OUT	TOTAL HRS	REASON FOR EXTRA SERVICES/COMMENTS (Please do not include any student names or information)
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				

20				
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21

PAYROLL USE ONLY

GRAND TOTAL _____

PAID