

CLASSIFIED EMPLOYEES**EXTRA ASSIGNMENTS TIME SHEET**

FOR MONTH OF:			JOB TITLE to be Paid:	
EMPLOYEE NAME:			SCHOOL SITE:	
DATE Worked	DESCRIBE ASSIGNMENT	HOURS	ACCOUNT NUMBER	

THIS TIME SHEET MUST BE COMPLETED BY THE EMPLOYEE FOR EACH EXTRA ASSIGNMENT, AND MUST BE **SIGNED**
BY THE SUPERVISOR. THIS TIMESHEET IS DUE IN THE DISTRICT OFFICE BY **THE 1ST OF THE FOLLOWING MONTH.**

TOTAL HOURS:

EMPLOYEE SIGNATURE

Site Administrator Signature: