

CERTIFICATED EXTRA ASSIGNMENT TIME SHEET

2024/2025 School Year

DATE: _____

HOURLY RATE: \$50.00

SITE: CHOOSE SITE

Account Number: _____

MUST provide account string

CATEGORY: _____

Pick From List

*REQUIRED

Description of Activity: _____

Please forward this form to Payroll IMMEDIATELY upon completion of assignment.

	PRINT NAME:	SIGNATURE:	TIME IN	TIME OUT	TOTAL
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

Administrator's Approval: _____

date: _____

payroll use only:

record #: _____

batch: _____

cycle: _____