## TIME SHEET – EXTRA PAY – SUBSTITUTE TEACHER/SUBSTITUTE TEACHER ASSISTANT

Instructions: Refer to back	of form for	detailed instruc	ctions. Return comp	pleted for	rm to secret	tary for	payr	oll processi	ng		Page	of		
Name: (please print) Employee ID Number	Employee Type													
School/Department: Payroll Pay Period:	from: to:				Funding Source (cho					noose one)				
Work Performed-provide brief Date Works			Start Time	Total	Rate of	FUNDING SOURCE (to be completed by School or Department)								
description and break time		(mm/dd/yy)	End Time	Hours	Pay	Fund	Туре	Function	Object	Facility	Project	SubProj(YR)	Program	
			a.m./p.m.				Е							
Break time:		1	a.m./p.m.				Е							
			a.m./p.m.				Е							
Break time:		1	a.m./p.m.				Е							
Dicak time.							Е					<del>                                     </del>		
Break time:		1	a.m./p.m. a.m./p.m.				E					<u> </u>		
Dicak time.		<del> </del>					E					<del>                                     </del>		
Break time:		1	a.m./p.m. a.m./p.m.				E					<u> </u>		
Broak amo.			a.m./p.m.				E							
Break time:		1	a.m./p.m.				Е							
			a.m./p.m.				Е							
Break time:		1	a.m./p.m.				Е							
		1	a.m./p.m.				Е							
Break time:		1	a.m./p.m.	1			Е							
			a.m./p.m.				Е							
Break time:			a.m./p.m.				Е							
			a.m./p.m.				E							
Break time:			a.m./p.m.				E							
			a.m./p.m.				E							
Break time:			a.m./p.m.				E							
I certify this time sheet is an accu	ırate record of	time worked.	Grand Total											
Employee's Signature			-	Principal/Department Head Signature								-		
Date			_	Date					Contact Phone Number			Payroll Us	Payroll Use Only	
Distribution: Original: School-	Copy: Payrol	l Department										Reviewed I	By/Date	

## INSTRUCTIONS: Time Sheet for Extra Pay-Overtime Pay-Supplemental Pay from Internal Funds or Additional Hour Pay

Choose Type of Pay: Extra Pay

**Name**: The name of the employee must be completed. Please print.

**Employee ID:** The District issued Employee Number

School/Department: The School/Department must be completed to identify the responsible cost center

Payroll Pay Period: Please refer to the appropriate Payroll Schedules for the Payroll Pay Period beginning and ending dates.

**Employee Type:** Choose the correct employee type

Funding Source: (to be entered by school/department Secretary) Choose Budgeted Funds or School Internal Funds.

Work Performed: This must be completed and should identify the specific work performed. Meal breaks should also be reported.

**Date Worked:** The specific date additional hours were worked.

Start Time/End Time: Enter the time work started and the time work ended.

**Total Hours:** Total hours work was performed for a specific date.

Rate of Pay: Rate of pay should be entered by school/department secretary. Certain rates of pay may require Board approval.

**Funding Source:** Funding source should be entered by school/department secretary. Do not combine Budgeted Funds source and Internal Funds funding source on the same sheet.

**Employee Signature and Date:** Employee must certify the accuracy of the form, sign the form and date the form.

Principal or Dept. Head Signature and Date: Signature of responsible person authorized to approve time worked.

Contact Phone Number: the phone number of the secretary or department head in the event Payroll has questions about the form.

DISTRIBUTION OF FORM: Original is to be maintained at school with Skyward Payroll Worksheet

Copy is to be sent to the Payroll Department via fax or email.