

CORNING UNION HIGH SCHOOL DISTRICT

CERTIFICATED EXTRA DUTY TIMESHEET

Time sheets are to be signed by your supervisor and turned into the District Office the last day of the month.

Month/Year: _____

Name: _____

SSN# (Last 4): _____

Site/Dept: _____

Type of Work
Performed: _____

Date	In	Out	In	Out	Total Hours Worked
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					

Date	In	Out	In	Out	Total Hours Worked
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
TOTAL HOURS FOR THE MONTH					

Employee Signature _____ Date _____

Supervisor Signature _____ Date _____

For Office Use Only					
Add-On	Hours	Rate	Total	Account Code	
Add-On	Hours	Rate	Total	Account Code	
Add-On	Hours	Rate	Total	Account Code	
Add-On	Hours	Rate	Total	Account Code	
Total Paid:					