EXTRA DUTY TIME SHEET

PHILOMATH SCHOOL DISTRICT

PRINT NAME _____ **LAST FOUR SSN:** _____

DATE	HOURS	DUTY OR POSITION	SCHOOL	ACCOUNT CODE
TOTAL				

SIGNATURE: _____ **DATE:**_____

SUPERVISOR'S SIGNATURE: _____

This form must be completed in it's entirety and submitted to the district office by the 15th of each month for addition in the current months payroll.