

EXTRA TIME REPORT – DUE BY 1ST OF THE MONTH

EMPLOYEE # _____ EMPLOYEE NAME _____

REASON FOR HOURS:	_____ Detention	_____ Driver Ed	_____ IEP
	_____ Mentor	_____ Tutoring	_____ Other

MONTH _____

1	2	3	4	5
6	7	8	9	10
11	12	13	14	15
16	17	18	19	20
21	22	23	24	25
26	27	28	29	30
31				

TOTAL HOURS WORKED _____

EMPLOYEE SIGNATURE _____ DATE _____

SUPERVISOR SIGNATURE _____ DATE _____

OFFICE USE ONLY	
HOURLY RATE \$ _____	X _____ HOURS = \$ _____
CREDIT WEEKS _____	
ACCOUNT # _____	