



# TIME SHEET FOR EXTRA DUTY PAY

## San Benito Consolidated Independent School District

NAME: \_\_\_\_\_ EID# \_\_\_\_\_

CAMPUS/DEPARTMENT: \_\_\_\_\_

PROJECT: \_\_\_\_\_

Account Number: \_\_\_\_\_

WEEK OF: \_\_\_\_\_ Total Hours \_\_\_\_\_

DAY	DATE	IN	OUT	HRS. WORKED	SIGNATURE
SUNDAY					
MONDAY					
TUESDAY					
WEDNESDAY					
THURSDAY					
FRIDAY					
SATURDAY					

WEEK OF: \_\_\_\_\_ Total Hours \_\_\_\_\_

DAY	DATE	IN	OUT	HRS. WORKED	SIGNATURE
SUNDAY					
MONDAY					
TUESDAY					
WEDNESDAY					
THURSDAY					
FRIDAY					
SATURDAY					

Grand Total Hours: \_\_\_\_\_ Rate: \_\_\_\_\_ Total Pay: \_\_\_\_\_

*I certify that the above information is true and correct.*

Signature of Administrator in Charge of Program: \_\_\_\_\_

Date: \_\_\_\_\_

\* To ensure payment, completed sign-in sheet must be attached to and submitted with the Extra Duty Summary Report.