

CERTIFICATED
GLENDORA UNIFIED SCHOOL DISTRICT
HOURLY TIME REPORT FOR THE Month of _____, 20_____

NAME (Type or print) _____

DATE	Hours			EXTRA ASSIGNMENT
	From	To	Total	
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				

 Board Approved

 (Signature of Employee)

 (Signature of Supervisor)