

CERTIFICATED
EXTRA DUTY/OVERTIME
MONTHLY TIME SHEET

Month: _____ Ext. Ref. # : _____ Name: _____

Department: _____ Location/Site: **CESAR E. CHAVEZ HIGH SCHOOL**

DAY	TIME IN	TIME OUT	#OF HRS.	TYPE OF DUTY: Tutorial, detention, bus driving, custodial, substituting, etc.
20				
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				
31				
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
TOTAL				

Employee's Signature: _____ Date: _____

Supervisor's Signature: _____ Date: _____

Associate Superintendent's Signature: _____ Date: _____

BUDGET CATEGORY _____