| CLE ELUM-ROSLYN SCHOOL DISTRICT Certified - Extra Hours Timesheet PRIOR APPROVAL IS REQUIRED FOR EXTRA WORK | | School Year: | School Year: Name: Month / Year: | | |
|---|---|---------------------|------------------------------------|-----------------------|--|
| | | Name: | | | |
| | | Month / Yea | | | |
| | EXTRA HOURS MUST BE TU | JRNED IN MONTHLY | | | |
| DATE | ACTIVITY | START TIME | END TIME | TOTAL HOURS WORKED | |
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| | | | TOTAL HOURS | 0 | |
| I hereby certij | fy that this is a true and accurate representat | ion of my time work | ed during this ti | me period. | |
| | | | | | |
| Employee Sigi | nature: | | | | |
| | | | | | |
| Supervisor Sig | gnature: | | | | |
| | | | | | |
| PAYROLL DEP | т: | | | | |
| Hours: | x Rate: = \$ | | | | |
| Budget Code: | | | | _ | |
| Budget Code: | | | | . | |
| Budget Code: | | | | | |