

Bangor Township Schools

3359 East Midland Road

Bay City, MI 48706

989.684.8121

www.bangorschools.org



Extra Duty Payroll Log

Please complete all sections and have your administrator sign.

Return to payroll for compensation.

Employee Name (Print): _____

Date MM/DD/YYYY	Description Formal Title of Workshop, Training, or PLC	Time and Hours HH:MM-HH:MM (X Hours)	Amount \$30/Hour

Total Hours**Amount**

By signing below, I am confirming that the additional hours reflected on this timesheet were acquired through legitimate means, and I am entitled to added compensation for my attendance and work as described.

Employee Signature_____
Date_____
Administrator Approval_____
Date_____
Account Number_____
Finance Approval_____
Date