

Certified Staff Extra Duty Time Sheet

Name

Program

Day	Date	In	Out	In	Out	Total Hours
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Total						

Day	Date	In	Out	In	Out	Total Hours
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Total						

Day	Date	In	Out	In	Out	Total Hours
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Total						

Day	Date	In	Out	In	Out	Total Hours
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Total						

Total Hours for the Month of _____, 20_____

Employee Signature

Date

Principal Signature

Date