

District 205 ADDITIONAL HOURS TIME WORKED

Employee Name _____ Payroll Period Ending ____/____/____

Account Number _____ Employee ID # _____

Date	Assignment Description
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Start Time	End Time

Straight Time	

SELECT ONE:

- ADMINISTRATOR
- TEACHER
- PARA
- STUDENT
- SUBSTITUTE
- OUTSIDE EMPLOYEE

Total

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EMPLOYEE SIGNATURE _____

SUPERVISOR'S SIGNATURE _____

ADMINISTRATOR'S SIGNATURE _____