** EXTRA DUTY TIME SHEET NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DEPT:**

**\*Please include detailed description of duties , dates worked, total hours, appropriate rate and supervisor signature**

 **before submitting. Thank you! CE- CERTIFICATED CL-CLASSIFIED**

|  |
| --- |
| Duties: |
| CL OVERTIME  |   |
| CE Hourly Rate  |   |
| CE $35 Training Rate |  |
| CE $50 Planning Rate  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Date | SU | M | T | W | TH | F | SA |
| In |  |  |  |  |  |  |  |
| Out |  |   |  |  |  |  |  |
| In |  |  |  |  |  |  |  |
| Out |  |  |  |  |  |  |  |
| Total Hrs |  |  |  |  |  |  |  |

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| --- |
| Duties: |
| CL OVERTIME |  |
| CE Hourly Rate  |  |
| CE $35 Training Rate  |  |
| CE $50 Planning Rate  |  |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| Date | SU | M | T | W | TH | F | SA |
| In |  |  |  |  |  |  |  |
| Out |  |  |  |  |  |  |  |
| In |  |  |  |  |  |  |  |
| Out |  |  |  |  |  |  |  |
| Total Hrs |  |  |  |  |  |  |  |

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| --- |
| Duties: |
| CL OVERTIME |  |
| CE Hourly Rate |  |
| CE $35 Training Rate |  |
| CE $50 Planning Rate  |  |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| Date | SU | M | T | W | TH | F | SA |
| In |  |  |  |  |  |  |  |
| Out |  |  |  |  |  |  |  |
| In |  |  |  |  |  |  |  |
| Out |  |  |  |  |  |  |  |
| Total Hrs |  |  |  |  |  |  |  |

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| --- |
| Duties: |
| CL OVERTIME  |  |
| CE Hourly Rate |  |
| CE $35 Training Rate |  |
| CE $50 Planning Rate  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Date | SU | M | T | W | TH | F | SA |
| In |  |  |  |  |  |  |  |
| Out |  |  |  |  |  |  |  |
| In |  |  |  |  |  |  |  |
| Out |  |  |  |  |  |  |  |
| Total Hrs |  |  |  |  |  |  |  |

|  |
| --- |
| Total CL Hours  |
|  |
| Total CE Hours |
|  |

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**   **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 Employee Name Signature Date

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 Administrator Name Signature Date

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 CBO Name Signature Date