COLUMBIA ELEMENTARY SCHOOL DISTRICT CERTIFICATED EXTRA DUTY TIME SHEET

Timesheets are to be completed by the Employee - signed and submitted to the School Office by end of day on the 10th of each month Pay Period: _____ 11th to _____ Employee: _____ Regular Work Schedule: School Site:____ Time In - Out Meal Period Out - In Total Daily Hours DATE TIME Payroll Use Only (mm/dd) (start - end) HOURS Description of Duties Performed or Person Subbed For CODE TOTAL HOURS DATE **EMPLOYEE'S SIGNATURE** PRINCIPAL/SUPERVISOR SIGNATURE DATE PAYROLL DEPARTMENT USE ONLY CODE **PROGRAM** ACCOUNT NUMBER ALIAS **ADDON HOURS** RATE **AMOUNT** 01-00__-0000-1110-1115-1110-1000-Regular Ed Supplemental Svs 01-00__-0900-0345-1115-1110-1000-LCP Title I 01-00 -3010-0000-1115-1110-1000-LCP D Title II 01-00__-4035-0000-1115-1110-1000-LCP SDC Е 01-00__-6500-0200-1115-5770-1110-000 F Music 01-00__-0000-0193-1115-1110-1000-000 Saturday School 01-002-0900-0119-1115-1110-1000-LCP 005512 G Н Other

PAYROLL DATE: _____ REV. 8/2021 TOTAL PAID: _____

Other