EXTRA DUTIES

Name: _____ Pay Period: _____

Date:	Activity:	# of Students Involved:	Total Time Worked		Total Hours	Rate of Pay	Total Pay
			From:	To:			

I Hereby Certify that the above record is correct:

Total: _____

_____
(Employee Signature)

_____
(Approval)

**Time to be computed to the nearest 1/4 hour