



May Independent School District

Where everybody is somebody

Extra Duty Time Sheet for Contracted Employees

Employee Name: _____ Employee #: _____

EXTRA DUTY					
	Assignment	Description	Start Time	End Time	Total Hours
SAT	<input type="checkbox"/> Bus Monitor <input type="checkbox"/> AM / <input type="checkbox"/> PM <input type="checkbox"/> Bus Driver <input type="checkbox"/> AM / <input type="checkbox"/> PM <input type="checkbox"/> Gate Worker <input type="checkbox"/> Other:				
SUN	<input type="checkbox"/> Bus Monitor <input type="checkbox"/> AM / <input type="checkbox"/> PM <input type="checkbox"/> Bus Driver <input type="checkbox"/> AM / <input type="checkbox"/> PM <input type="checkbox"/> Gate Worker <input type="checkbox"/> Other:				
MON	<input type="checkbox"/> Bus Monitor <input type="checkbox"/> AM / <input type="checkbox"/> PM <input type="checkbox"/> Bus Driver <input type="checkbox"/> AM / <input type="checkbox"/> PM <input type="checkbox"/> Gate Worker <input type="checkbox"/> Other:				
TUE	<input type="checkbox"/> Bus Monitor <input type="checkbox"/> AM / <input type="checkbox"/> PM <input type="checkbox"/> Bus Driver <input type="checkbox"/> AM / <input type="checkbox"/> PM <input type="checkbox"/> Gate Worker <input type="checkbox"/> Other:				
WED	<input type="checkbox"/> Bus Monitor <input type="checkbox"/> AM / <input type="checkbox"/> PM <input type="checkbox"/> Bus Driver <input type="checkbox"/> AM / <input type="checkbox"/> PM <input type="checkbox"/> Gate Worker <input type="checkbox"/> Other:				
THU	<input type="checkbox"/> Bus Monitor <input type="checkbox"/> AM / <input type="checkbox"/> PM <input type="checkbox"/> Bus Driver <input type="checkbox"/> AM / <input type="checkbox"/> PM <input type="checkbox"/> Gate Worker <input type="checkbox"/> Other:				
FRI	<input type="checkbox"/> Bus Monitor <input type="checkbox"/> AM / <input type="checkbox"/> PM <input type="checkbox"/> Bus Driver <input type="checkbox"/> AM / <input type="checkbox"/> PM <input type="checkbox"/> Gate Worker <input type="checkbox"/> Other:				

Total Extra Duty Hours Worked: _____

I certify this is an accurate record of hours worked.

Employee Signature

Date

Verified and Approved by:

Supervisor Signature

Date

***** PLEASE RETURN ALL APPROVED TIME SHEETS ON MONDAYS TO ADMIN OFFICE *****