

**CANBY SCHOOL DISTRICT
EXTRA HOURS TIME SHEET**

For accuracy, complete hours **DAILY** and turn in to your immediate supervisor at the end of the month.
Please use one sheet per calendar month.

Name: _____ Employee ID: _____

School: _____ Classified or Licensed

Month: _____ Year: 20 _____

Sun.	Mon.	Tue.	Wed.	Thu.	Fri.	Sat.

Extra hours pay will be included in the next possible paycheck after completed form is received by Payroll.

TOTAL HOURS DUE _____

Fund.Function.Object.Center.Area
(Accounting Code)

Business Office Code Approval

Activity description:

I CERTIFY THIS IS A TRUE STATEMENT OF HOURS DUE TO ME DURING THIS TIME PERIOD.

Employee Signature Date

Supervisor/Designee Signature Date

Grant Administrator Signature Date

PAY DATE INFORMATION
Payroll cut-off date is the last day of the calendar month.
See your Employee Handbook for actual pay dates.