



May Independent School District

Where everybody is somebody

Extra Duty Time Sheet

Employee Name: _____ Employee #: _____

Weekday	Date	Event	Describe Duty	Start Time	End Time	Hours Worked
Saturday						
Sunday						
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						

Total Extra Duty Hours Worked this week: _____

I certify this is an accurate record of hours worked.

Employee Signature

Date

Administrative Designee Signature

Date