



May Independent School District

Where everybody is somebody

Extra Duty Time Sheet for Contracted Employees

Employee Name: _____

EXTRA DUTY						
	Date	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 *****