

GJUESD EMPLOYEE EXTRA TIME / OVER TIME (NOT CONTRACTED HOURS) RECORD

PERIOD ENDING / 21 / TO / 20 /
MONTH YEAR MONTH YEAR

NAME: _____ EMPLOYEE ID: _____

POSITION: _____ LOCATION: _____

Certificated Classified REQUISITION NUMBER: _____

REGULAR SHIFT HOURS: _____ a.m./p.m. - _____ a.m./p.m. * 30 minutes unpaid lunch required at 6 hours per day

Submit **completed** forms to the **Payroll Department** by 22nd of each month for payment.
 Incomplete forms will be returned and may not be paid until the next month's payroll.

DATE	TIME IN	TIME OUT	HOURS WORKED	OFFICE USE ONLY	FRONTLINE JOB ID #	ABSENT EMPLOYEE / REASONS/ APPROVED BY:
___/21/___						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						
___/1/___						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						

I hereby certify that I have performed the duties as reported herein.

EMPLOYEE SIGNATURE: _____ DATE: _____ SUPERVISOR'S APPROVAL: _____ DATE: _____

Req. # _____

This timesheet must be accompanied by an **approved requisition for payment**.

CODING: ___ - ___ - ___ - ___ - ___ - ___ - ___ - ___
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HOURS: _____ RATE: _____ PAY: _____
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