

**Time/Extra Service Records**

An IRS regulation requires all school districts that pay employees for extra service work to include payments as a part of payroll. Forms must be completed, signed by the Supervisor and Employee, and forwarded to the Central Office before payment is rendered.

NAME OF CERTIFIED/CLASSIFIED EXEMPT EMPLOYEE \_\_\_\_\_

ADDRESS \_\_\_\_\_

SOCIAL SECURITY NO. \_\_\_\_\_

EXTRA SERVICES RENDERED \_\_\_\_\_

DATES RENDERED \_\_\_\_\_

AMOUNT OF PAYMENT \_\_\_\_\_

SOURCE OF PAYMENT \_\_\_\_\_

STATEMENT FOR REIMBURSEMENT TO BE SENT TO (if applicable):  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Employee

\_\_\_\_\_  
Date

***I certify the above time sheet to be a true record of the time worked by this employee. This time sheet shall be used to certify extra services performed for certified/classified exempt employees.***

\_\_\_\_\_  
Principal/Supervisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Superintendent/designee

\_\_\_\_\_  
Date

**Time/Extra Service Records**

**INDIVIDUAL NON-EXEMPT EMPLOYEE TIME RECORD**

NAME \_\_\_\_\_ PAY PERIOD \_\_\_\_\_ THROUGH \_\_\_\_\_

<b>***RECORD REGULAR WORKED HOURS HERE</b>									
Date	Time In	1 <sup>ST</sup> Break		*Lunch		**2 <sup>nd</sup> Break		Time Out	Regular Daily Hrs Worked
		Out	In	OUT	IN	Out	In		
<b>TOTAL REGULAR HOURS WORKED THIS PAY PERIOD</b>									

\*Lunch should be taken close to the middle of the work shift  
 \*\*Employee must work eight (8) hours to receive second break

**Extra Time & Overtime: Any hours worked above your weekly contracted time must be approved in advance by the Superintendent or designee. Hourly employees required to work in excess of forty (40) hours per week will be paid at the rate of 1½ times the regular rate for all hours beyond forty (40) as provided by law for overtime work.**

<b>***RECORD EXTRA/OVER TIME HOURS HERE</b>				
DATE	HOURS	REASON	AUTHORIZED BY	BUDGET CODE

Continued on Other Side

**No. OF REGULAR HOURS WORKED** \_\_\_\_\_ **No. OF EXTRA HOURS WORKED** \_\_\_\_\_

**I VERIFY I WORKED THE ACTUAL HOURS RECORDED:** \_\_\_\_\_

\_\_\_\_\_  
EMPLOYEE SIGNATURE

\_\_\_\_\_  
SUPERVISOR/PRINCIPAL

Please indicate reasons for absences in the applicable block, using the following codes:

A – Unauthorized absence	H – Approved holiday (with pay)	PD – Personal leave day
E – Emergency leave:	I – Illness in immediate family	P – Leave without pay
EL – Legal	J – Jury duty	S – Personal illness
ED – Death	PL – Approved professional leave	T – Day terminated work
EO – Other	NC – Non-contracted day	V – Vacation day

**Time/Extra Service Records**

**INDIVIDUAL EMPLOYEE TIME RECORD (NON-EXEMPT)**

NAME \_\_\_\_\_ PAY PERIOD \_\_\_\_\_ THROUGH \_\_\_\_\_

**\*\*\*RECORD EXTRA/OVERTIME HOURS HERE**

DATE	HOURS	REASON	AUTHORIZED BY	BUDGET CODE

I VERIFY I WORKED THE ACTUAL HOURS RECORDED: \_\_\_\_\_  
EMPLOYEE SIGNATURE

\_\_\_\_\_  
 SUPERVISOR/PRINCIPAL

Review/Revised:7/21/2004