LULING I.S.D

EXTRA DUTY/SUPPLEMENTAL PAY SHEET

Employee Name _____ **Date** _____

Position _____ **Campus** _____

*DATE	TIME IN	TIME OUT	TIME IN	TIME OUT	*TOTAL HOURS	*DUTY PERFORMED

***REQUIRED FIELDS** TOTAL HOURS

The time I have reported is a true and correct statement of the hours I have worked

Requestor Signature Date

Principal Signature Date Acct Code

FOR PAYROLL USE ONLY

Accounting Approval Date Pay rate

Total Extra Duty/ Supplemental pay