

HARRISON HILLS CITY SCHOOL DISTRICT
Time Sheet Additional Time Outside Normal Work Day

NAME: _____ PAY PERIOD: _____

DAY	DATE	Description of what was done:	Time In	Time Out	Total Hrs	INITIAL

I hereby certify that this report is a true and accurate statement of the actual hours worked by me on each of the above listed dates.

EMPLOYEE SIGNATURE: _____

I hereby certify that this report is a true and accurate statement of the actual hours worked by the employee to the best of my knowledge and belief.

PRINCIPAL/SUPERVISOR'S SIGNATURE: _____

OT	REG	RATE	TOTAL	TREASURER'S OFFICE ACCOUNT CODE

