


**CERTIFICATED & CLASSIFIED**      **ADDITIONAL PAY / ABSENCES**

NAME \_\_\_\_\_ School/Dept \_\_\_\_\_ Month \_\_\_\_\_

CERTIFICATED/CLASSIFIED      My work day begins: \_\_\_\_\_ ends: \_\_\_\_\_      M T W T H F

DATE	START	END	# HRS	ADDITIONAL PAY & ABSENT DESCRIPTION	LOCATION	AUTHORIZED BY
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
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24						
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26						
27						
28						
29						
30						
31						

**TOTAL:** \_\_\_\_\_

**\*\*\*INCOMPLETE FORM MAY DELAY PROCESSING PAYMENT\*\*\***

*I certify the above is an accurate record of the time worked during this period:*

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

SUPERVISOR SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

account code	hrs	X rate	\$	total	\$
account code	hrs	X rate	\$	total	\$
account code	hrs	X rate	\$	total	\$
account code	hrs	X rate	\$	total	\$
account code	hrs	X rate	\$	total	\$
account code	hrs	X rate	\$	total	\$
<b>TOTAL PAY</b>					<b>\$</b>