CERTIFICATED & CLASSIFIED ADDITIONAL PAY / ABSENCES

NAME _____ **School/Dept** _____ **Month** _____

CERTIFICATED/CLASSIFIED **My work day begins:** _____ **ends:** _____ **M T W TH F**

DATE	START	END	# HRS	ADDITIONAL PAY & ABSENT DESCRIPTION	LOCATION	AUTHORIZED BY
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
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	$
						TOTAL PAY	$

Revised July 2011