

## Certificated - Additional Time Worked

\_\_\_\_\_  
 Employee's Name (Please Print)

\_\_\_\_\_  
 Month

\_\_\_\_\_  
 Employee's Signature                      Date

\_\_\_\_\_  
 Year

\_\_\_\_\_  
 Administrator Signature                      Date

\_\_\_\_\_  
 Location

*Report hours to the nearest fifteen (15) minutes.*

Date:	Additional Time Worked	Extended Day Time Worked	Overload Per Diem Day	Total	Notes and/or Budget #
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					
<b>Total:</b>					