Name: \_\_\_\_\_ Employee ID: \_\_\_\_\_ Fiscal Year: \_\_\_\_\_

## **Special Revenue Extra Duty Timesheet**

Use for extra duty pay and/or substitute teachers conducting tutorial/intervention services only.

| Department/Campus:  |                |              |                     | Grant:              | Budget Code:                          |                 |                 |
|---|----------------|--------------|---------------------|---------------------|---------------------------------------|-----------------|-----------------|
|   | Rate of Pay:   |              |                     | Date(s) of Service: | Pay Date                              | :               |                 |
| Date:   | Start<br>Time: | End<br>Time: | Students<br>Served: | Content Area:       | Other Task Performed/Add              | ditional Notes: | Total<br>Hours: |
|   |                |              |                     |                     |                                       |                 |                 |
|   |                |              |                     |                     |                                       |                 |                 |
|   |                |              |                     |                     |                                       |                 |                 |
|   |                |              |                     |                     |                                       |                 |                 |
|   |                |              |                     |                     |                                       |                 |                 |
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|   |                |              |                     |                     |                                       |                 |                 |
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|   |                |              |                     |                     |                                       |                 |                 |
|   |                |              |                     |                     |                                       |                 |                 |
| Distribution may no more thanking under the constraint of all of the characteristics.   |                |              |                     |                     | or accuracy I further acknowledge I r | TOTAL           | no nurohoood    |
| By typing my name, I acknowledge I have reviewed all of the above for accuracy. I further acknowledge I may be held liable for items purchased that are not in compliance under the grant guidelines. |                |              |                     |                     |                                       |                 |                 |
|   |                |              |                     |                     |                                       |                 |                 |
| Employee Print Name:  |                |              |                     |                     | Signature                             | Date:           |                 |
| Principal/Authorized Approver Print Name:   |                |              |                     |                     | Signature                             | Date:           |                 |
| Federal & State Programs: Dr. Christopher Harvey  |                |              |                     |                     | Signature                             | Date:           |                 |