

VAL VERDE UNIFIED SCHOOL DISTRICT

EXTRA DUTY AUTHORIZATION

CERTIFICATED

CLASSIFIED

PAYROLL PERIOD	
FROM	TO

NAME OF EMPLOYEE	FUNDING (F/S/R/P/G/F/O)	Employee Number
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CHECK ONE: FULL-TIME PART-TIME
 SITE / DEPT. _____
 POSITION: _____

EMPLOYEE'S SIGNATURE _____

I certify that this Extra Duty-Overtime Authorization is an accurate reporting of any attendance for the above-stated period. I further understand that falsification of district records is grounds for disciplinary action including dismissal.

DAY OF WEEK	DATE	HOURS	REASON WORKED
MONDAY			
TUESDAY			
WEDNESDAY			
THURSDAY			
FRIDAY			
SATURDAY			
SUNDAY			
MONDAY			
TUESDAY			
WEDNESDAY			
THURSDAY			
FRIDAY			
SATURDAY			
SUNDAY			
MONDAY			
TUESDAY			
WEDNESDAY			
THURSDAY			
FRIDAY			
SATURDAY			
SUNDAY			
MONDAY			
TUESDAY			
WEDNESDAY			
THURSDAY			
FRIDAY			
SATURDAY			
SUNDAY			

TOTAL HOURS

FOR PAYROLL DEPARTMENT USE ONLY			
TOTAL HOURS / DAYS	_____	PAYROLL NO.	_____
RATE PER HOUR / DAY	\$ _____	AMOUNT DUE	_____
JOB CODE(S)	_____	BY	_____

DEPT. ADMINISTRATOR

ORIGINAL SIGNATURE (NO STAMPS ALLOWED)

Ink Required