

Plumas Unified School District

Part Time or Extra Duty Timesheet

Employee: _____

Employee Signature: _____

School / Worksite: _____

Month / Year _____

DATE	ACCOUNT NUMBER	Description of Duty &/or Reason for Absence	Substitute for: (name and function)	Hours (circle AM or PM)		No. of Hours
				In	Out	
				am	am	
				pm	pm	
				am	am	
				pm	pm	
				am	am	
				pm	pm	
				am	am	
				pm	pm	
				am	am	
				pm	pm	
				am	am	
				pm	pm	
				am	am	
				pm	pm	
				am	am	
				pm	pm	

OFFICE USE ONLY

Date Paid:

Check One

Blanket pre-approval

Pre-authorization attach

Approved: Supervisor / District Office

Date: (mm/dd/yy)