



EXEMPT EXTRA DUTY TIME RECORDING SHEET

This form is for use when reporting assignments worked by an employee outside the home department.

Extra Duty must be approved through Human Resources. An approved Authorization form must be obtained prior to performing work.

1. EMPLOYEE NAME					2. EMPLOYEE ID NUMBER		3. PAY PERIOD FROM TO	
4. EXTRA DUTY JOB TITLE					5. EMPLOYEE CONTACT NUMBER			
6. EXTRA DUTY FUND SOURCE					7. HOME DEPARTMENT (8 DIGITS)			
8. INDICATE THE NUMBER OF ASSIGNMENTS WORKED AND THE TOTALS BELOW.								
	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	TOTAL
WEEK 1								
WEEK 2								
WEEK 3								
WEEK 4								
9. RATE OF PAY PER ASSIGNMENT							10. GRAND TOTAL	
I HEREBY CERTIFY THAT THE EXEMPT EXTRA DUTY ASSIGNMENTS RECORDED ABOVE ARE COMPLETE AND CORRECT, AND THAT I HAVE AGREED TO THE RATE WHICH APPEARS IN SPACE 9.								
11. EMPLOYEE SIGNATURE					12. DATE			
13. EXTRA DUTY DEPARTMENT REP. NAME AND TITLE					14. REP CONTACT NUMBER			
15. EXTRA DUTY DEPARTMENT REP SIGNATURE					16. DATE			

- * Please Retain a copy for your records.
- * Attach a copy of the approved authorization form to this time sheet.
- * Improper or incomplete documentation may delay payment processing.
- * Monthly pay period for extra duty pay is from the 16th to the 15th.