

KEENE ISD
EXTRA DUTY/PAY TIME SHEET

EMPLOYEE NAME

EMPLOYEE #

DATE	BUDGET CODE	# HRS WORKED	RATE OF PAY	AMOUNT DUE
TOTAL				

EMPLOYEE SIGNATURE DATE

SUPERVISOR SIGNATURE DATE

**MUST BE COMPLETED AND TURNED IN TO PAYROLL
BY CUT-OFF DATE TO ASSURE PAYMENT IN CURRENT MONTH**