

**AIDES EXTENDED TIME SHEET**

Extended Time pay will only be paid for days when the duty is actually performed. If a substitute does the duty, complete the information in the table below.

Hours must be reported each pay period in accordance with the pay period reporting schedule.

Extended Time Agreement     Yes     No

SCHOOL: \_\_\_\_\_

PAY PERIOD: \_\_\_\_\_

EMPLOYED NAME: \_\_\_\_\_

EMPLOYEE NUMBER: 91200 \_\_\_\_\_

Date	Contracted Start Time	Contracted End Time	Contracted Minutes	Additional Minutes Worked	Total Minutes Worked	Description of Duty Performed
1)			420			
2)			420			
3)			420			
4)			420			
5)			420			
6)			420			
7)			420			
8)			420			
9)			420			
10)			420			

SUBSTITUTE Name	Employee Number	Regular Start Time	Regular End Time	# Minutes Extra Time	Date	Name of Regular Employee

Principal's Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Employee's Signature \_\_\_\_\_ Date \_\_\_\_\_

The signatures of the employee and the principal on this time sheet certifies that this documentation of hours is a true and accurate, and complete statement of the hours worked by the employee during work weeks designated above.

PLEASE RETURN COMPLETED FORM TO PAYROLL DEPARTMENT FAX 304-528-5002