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PIERCE JOINT UNIFIED SCHOOL DISTRICT

TYPE: Regular Overtime

Cut off date: 17th of each month

Name:_____ Social Security # (Last 4 Digits):_____

| *Start and Finish time must be consecutive, if there is a break in time please use additional line. *Start and Finish time must be consecutive, if there is a break in time please use additional line. Finish Time Total Hours | | | | | | |
|---|----------------|------------|-------------|--------------------|--|--|
| Date | Duty Performed | Start Time | Finish Time | Total Hours | | |
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I certify that the above information is correct

| Employee Signature | Supervisor's | Supervisor's Signature | |
|--------------------|--------------|------------------------|------|
| Budget Code: | # Hrs | x Rate\$ | = \$ |
| Budget Code: | # Hrs | x Rate\$ | = \$ |
| Budget Code: | # Hrs | x Rate\$ | = \$ |
| - | | Total \$ | |
| | | | |

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