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.**

Date	Duty Performed	Start Time	Finish Time	Total Hours
			TOTAL	

I certify that the above information is correct

_____ _____ _____

Employee Signature **Supervisor's Signature** **DO Admin Signature**

Budget Code:_____ # Hrs_____x Rate$_____= $_____
Budget Code:_____ # Hrs_____x Rate$_____= $_____
Budget Code:_____ # Hrs_____x Rate$_____= $_____

Total $_____

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Revised 4/28/09