Supplemental Timesheet

Employee Name: _____ Month: _____

DO NOT INCLUDE YOUR REGULAR HOURS - Supplemental Only - PLEASE USE INK.

Date	Position	Hours	2nd Position	Hours	3rd Positon	Hours

Example:

9/2/2004	Aide	8:00 to 9:00	Custodian	3:30 to 6:00
9/15/2004	Bus Driver	1:00 to 2:30		

Employee Signature: _____

Approved By: _____ Date: _____

Notes:

1. Lunch is not a paid break
2. Supplemental hours are due on the last day of each month.
3. Supplemental pay date is the 10th of the following month.

Total Hours _____ Position _____

Total Hours _____ 2nd Position _____

Total Hours _____ 3rd Position _____