

**RED BLUFF JOINT UNION HIGH SCHOOL DISTRICT**

**Certificated Extra Duty Timesheet**

2024-2025 School Year

**Full Name:** \_\_\_\_\_ **Month:** \_\_\_\_\_

<b>Date</b>	<b>Time in</b>	<b>Time out</b>	<b>Hours Worked</b>	<b>Describe Work Performed</b>
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				
31				
<b>TOTAL</b>				

I certify that this record includes hours approved by the Supervisor and is a complete and proper basis for payment.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

