SCOTCH PLAINS-FANWOOD PUBLIC SCHOOLS

EXTRA PAY TIMESHEET

Name: _____ Date: _____

Job Title: _____ School / Department: _____

Employee Number (on check stub): _____ Normal working hours: _____

Date	# Extra Hours	Work Performed	Reason for Coverage & Person Covered

Total extra hours: *0.00* x hourly rate: _____ **Total Requested Amount:** *$ 0.00*

Did employee work their normal contracted hours / position: ___ Yes ___ No

Agenda Approval Date (if required): _____ Agenda Page #: _____

Account Code: _____

Employee Signature: _____ Date: _____

Principal / Supervisor: _____ Date: _____

Directions: This timesheet is used when an employee works extra hours outside of their normal salaried / contracted duties.

Agenda approval is required when an employee works outside of their normal duties and outside of school hours, with a few exceptions. If you have questions about whether or not Board approval is required, please reach out to the Payroll Department.

Submit completed forms to Payroll. Forms not completely filled out, and signed by the Principal / Supervisor, will be returned.