Edgewood ISD
Extra Duty Time Sheet

Name of person performing the Duty: _____ **Date(s)**:_____

Campus/Room: _____ **Grade**: _____ **Subject**: _____

Time Worked: _____(please round to the nearest hour) **Admin Approval**: _____

Describe the Extra Duty Performed:_____
(After school tutorials, Saturday School, Saturday Tutorial, Summer Tutorial, etc)

Please list the names and grade levels of students attending:

__ex. John Doe 9th _____ _____

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

To Be Completed by HR:

Date Received:	Month Added to Payroll:	Notes:
Fund Code:		Initials of HR: