Grant County Board of Education

Extra Duty Time Sheet

Name of Employee	
Employee Number	Address
Position/Program	Month

Date	Hours/Days Worked (please indicate hours or days)
	Total Hours/Days Worked

My signature on this document certifies that the above hours/days are the true and actual number of hours/days worked during this time period.

Date	Signature of Employee
Date	Signature of Supervisor

(For Office Use) Account

Reviewed 7/17