



## NON-EXEMPT EXTRA DUTY TIME SHEET

1. EMPLOYEE NAME (Please Print)								2. EMPLOYEE ID				3. PAY PERIOD FROM: TO:			
4. EXTRA DUTY JOB TITLE								5. EMPLOYEE CONTACT NUMBER							
6. EXTRA DUTY FUND SOURCE (Give account and full funding string)								7. HOME DEPARTMENT ( 8 DIGITS)							
	WEEK 1							WEEK 2							
DAY	SUN	MON	TUE	WED	THUR	FRI	SAT	SUN	MON	TUE	WED	THUR	FRI	SAT	TOTAL
															HRS
8. DATE															
9. DAY HRS															
10. EVENING HRS															
11. NIGHT HRS															
12. RATE OF EXTRA DUTY PAY								13. OVERTIME RATE OF PAY							
14. EVENING SHIFT DIFFERENTIAL				15. NIGHT SHIFT DIFFERENTIAL				16. WEEKEND SHIFT DIFFERENTIAL							
I hereby certify that the time recorded above is complete and correct, and that I have agreed to the rates established on the approved authorization form.															
17. EMPLOYEE SIGNATURE														18. DATE	
I hereby certify that the extra duty time recorded above is complete and correct, and that this Department/Division has agreed to the rates established on the approved authorization form.															
19. EXTRA DUTY/DIVISION REP. NAME AND TITLE														20. REP. CONTACT NUMBER	
21. SIGNATURE														22. DATE	

**\*THIS FORM IS FOR USE WHEN REPORTING TIME WORKED BY AN EMPLOYEE OUTSIDE THE HOME DEPARTMENT.\***

**\*PLEASE RETAIN A COPY FOR YOUR RECORDS.\***

**\*ATTACH A COPY OF THE APPROVED AUTHORIZATION FORM TO THIS TIME RECORDING SHEET.\***

<b>Payroll Use Only:</b>	Date Rec'd:
Initials:	
EXDAmt:	
Payment processed on _____ pay run.	