



EDUCATIONAL SERVICES

Salinas Union High School District

EXTRA WORK AGREEMENT TIMESHEET - CERTIFICATED

Employee: _____ Site: _____ HRA NO: _____

Description of Activity: _____

Compensate as: ☒ Hourly Rate/Pay ☐ Flex Time

DAY OF WEEK	DATE	TIME IN	TIME OUT	TOTAL HOURS	DESCRIPTION OF ACTIVITY
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					

TOTAL HOURS WORKED: _____

ACCOUNT CODE TO BE CHARGED									
FUND	RESOURCE	YEAR	GOAL	FUNCTION	OBJECT	SUB-OBJECT	SITE	LOCAL	MANAGER
01	0940	0	1110	2140	1100	30	000	0942	0035

Employee Signature

Date

Antonio Garcia, Director

Date