

PORT JEFFERSON SCHOOL DISTRICT

INSTRUCTIONAL STAFF ADDITIONAL DUTIES

Employee Time Sheet

Name: _____

School/Office _____

(Please Print)

Type of Service (PLEASE CHECK ONE)					
<input type="checkbox"/>	ELEMENTARY SCHOOL CHAPERONE	A28501701	<input type="checkbox"/>	WORKSHOP	A2010170
<input type="checkbox"/>	MIDDLE SCHOOL CHAPERONE	A28501704	<input type="checkbox"/>	REGENTS REVIEW	A2110152
<input type="checkbox"/>	HIGH SCHOOL CHAPERONE	A28501707	<input type="checkbox"/>	OVERNIGHT CHAPERONE	A28551508
<input type="checkbox"/>	DETENTION	A2110152	<input type="checkbox"/>	INTRAMURALS	A28501501
<input type="checkbox"/>	ATHLETIC CHAPERONE	A2855170	<input type="checkbox"/>	EXTRA CLASS	A2110120/30
<input type="checkbox"/>	TIMERS	A2855170	<input type="checkbox"/>	MONITORING	A131016508/9
<input type="checkbox"/>	CURRICULUM WRITING	A2010150	<input type="checkbox"/>	AFTER SCHOOL SUP	A28501704
<input type="checkbox"/>	PROCTOR	A28501707	<input type="checkbox"/>	PROFESSIONAL	
<input type="checkbox"/>	TRANSLATING	A2110154	<input type="checkbox"/>	OTHER	

	DATE	TIME IN	TIME OUT	TIME WORKED	DESCRIPTION
Sunday					
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Total					

I CERTIFY THIS FORM IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE:

Employee Signature: _____

Date: _____

Principal/Supervisor: _____

Date: _____

Executive Director of Human Resources: _____

Date: _____

Payroll Use Only

X

=

Total Hours

Hourly Rate

Payment Due

Account Code