

**PORT JEFFERSON UFSD ATTENDANCE AND OVERTIME SHEET
TEACHING ASSISTANT AND AIDE'S**

EMPLOYEE NAME: _____

PAYROLL

DATE: _____

DATE	START TIME	END TIME	OVERTIME HOURS (OTHER THAN BUS DUTY)	ABSENCE REASON OR REASON FOR OVERTIME

TOTAL OVER-TIME HOURS:

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

EMPLOYEE SIGNATURE: _____ **DATE:** _____

SUPERVISOR'S SIGNATURE (FINAL APPROVAL): _____ **DATE** _____

THIS AREA FOR BUSINESS OFFICE USE ONLY

APPROVED HOURS	HOUR FACTOR	EXTENDED HOURS	RATE PER HOUR / TOTAL	TOTAL PAYMENT	BUDGET CODE

BUS DUTY OVERTIME

<i>WEEK 1</i>		BUS AM		BUS PM			
DATE	START TIME	END TIME	START TIME	END TIME	TOTAL HOURS	COMMENTS	
<i>WEEK 2</i>		BUS AM		BUS PM			
DATE	START TIME	END TIME	START TIME	END TIME	TOTAL HOURS	COMMENTS	

<i>TOTAL HOURS WEEK 1</i>	
<i>TOTAL HOURS WEEK 2</i>	

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

EMPLOYEE SIGNATURE: _____ **DATE:** _____

SUPERVISOR'S SIGNATURE (FINAL APPROVAL): _____ **DATE** _____

<small>THIS AREA FOR BUSINESS OFFICE USE ONLY</small>				
BUS OVERTIME PAY CALCULATION				
BUDGET CODE CHARGED: A55101658 BUS DUTY				
APPROVED HOURS	HOUR FACTOR	EXTENDED HOURS	RATE PER HOUR	TOTAL PAYMENT