

# Two Rock Union School District

## Supplemental Timesheet

All extra or overtime hours must be preapproved by your Supervisor.  
Timesheets are due by the 1st of the following month.



Name: \_\_\_\_\_ Year: \_\_\_\_\_

Month (circle one): Jan Feb March April May June July Aug Sept Oct Nov Dec

Date	Time In	Time Out	*Lunch	Total Hours	Reason/Purpose

\*Lunch: a 30 minute rest period must be taken if working more than 6 hours in a single day.  =Total Hours on Timesheet

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_

<b>Office Use Only</b>	Account Code(s): _____		
	Supplemental Pay Date: _____	HFA: _____	Entered by: _____