

**Mill Valley School District
Employee/Substitute Timesheet
Extra/Sub Hours Worked**

Name:	Normal Work Hours:
Regular Position:	School/Department:
Rate of Pay:	Pay Period (Month/Year):

DATE	NORMAL HOURS	PRE-APPROVED EXTRA/OVER TIME WORKED				ACTIVITY WORKED:	EXTRA HOURS WORKED
		TIME IN	LUNCH OUT	LUNCH IN	TIME OUT	SUB FOR (NAME) OR OPEN POSITION OR EXTRA	
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
24							
25							
26							
27							
28							
29							
30							
31							
TOTAL EXTRA HOURS WORKED							

To receive a check on the mid-month payroll, this form must be submitted to Payroll at the District Office no later than the 1st day of the month after you worked.

Employee Signature: _____ Date: _____

Approved by: _____ Date: _____
Principal/Supervisor

Account Code: _____