CERTIFICATED ADDITIONAL PAY TIMESHEET

LIVERMORE SCHOOL DISTRICT

EMPLOYEE NAME _____ ID # _____

WORK SITE _____ MONTH/YEAR _____

CHECK ONE: ☐ CURRICULAR RATE ☐ PER DIEM

(one type per timesheet) ☐ CLASS COVERAGE (16/1) ☐ CLASS COVERAGE (GE)

DEADLINES: Period of 1st – 10th and Period of 11th – 31st each due in the Payroll Office by 5:00 pm next business day

DATE	TIME IN	TIME OUT	TOTAL HRS	REASON FOR EXTRA SERVICES/COMMENTS (Please do not include any student names or information)
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
20				

[redacted]

Authorized Site Signature Date

District Signature (Req. for Per Diem Rate) Date

PAYROLL USE ONLY

GRAND TOTAL _____

PAID