# Certificated Supplemental Time Sheet

***WEST SONOMA COUNTY UNION HIGH SCHOOL DISTRICT***

**Claimant:** *(Please Print)* **Month** **Year**

***PAY PERIOD -- 1st to Last Day of the Month***

**School:**

This is to be completed by the employee, approved by the Supervisor or Administrator, and submitted to the Payroll Clerk by the **LAST WORKING DAY** of the month. ***Checks are mailed on the 10th of the following month.***

| DATE | # of HRS | ASSIGNMENT | BUDGET CODE |
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**TOTAL HRS NORMAL:** 0 @ **PER HOUR = $** 0

**TOTAL HRS OT:** @ **PER HOUR = $**

**TOTAL FOR PAY WARRANT: $** 0

**Employee Signature** **Date** **Supervisor / Admin Approval** **Date**

**SSN** **Budget Manager's Signature** **Date**

*Revised - 01.30.2012_bd*