

NON-CONTRACTED EMPLOYEES ONLY

Madera Unified School District

Additional time / Overtime / Summer Pay for Substitute and/or Part-time Personnel

Name _____ School / Site _____

(Please Print: Full First & Last - Middle Initial)

Soc. Sec. # _____ - _____ - _____ If subbing - for whom _____
(Last 4 numbers required)

*Time sheets must be turned in by the 1st day of the following month to your immediate Supervisor.

*Time sheets are routed & must be received in Payroll **no later than the 5th calendar day of each month by 5pm.**

Date	In AM/PM	Out For lunch	In From lunch	Out AM/PM	Total Hrs Do not include lunch	Job Performed (Position title)

Total Hours: _____

Pay Type Additional or Summer Total Hrs _____ Rate \$ _____ Total Payment _____

Pay Type Overtime or Substitute Total Hrs _____ Rate \$ _____ Total Payment _____

Funding Source _____ Acct code # _____

Employee's Signature _____ Date _____

Authorized By _____ Date _____