

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.**
- *Employees have the option to accept overtime as pay or comp time. If you opt for comp time, please write "Comp Time" on the Account Code line below.

Date	In AM/PM	Out To 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 _____