



REGIONAL SCHOOL DISTRICT 13

ENGAGE • EMPOWER • THRIVE

Curriculum Writing - Extra Duty Payment Form

Name: _____

**** Time sheet due by Monday 12:00 PM following the Friday worked ****

Day	Date	Time In	Time Out	Activity/Location	Hours
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					

I certify this is a true and accurate record of my time worked for the period described above.
Falsification of time sheets is a serious infraction which may result in termination from employment.
Failure to turn in on time will delay payment. State of Ct Labor Laws require timely submission of hours worked.

Total Hours: _____

Employee Signature: _____

Approved By: _____