☐ Extra Duty
☐ Overtime
☐ Comp. Time

Brawley Union High School
Extra Duty/Overtime/Comp. Time
Report

Name _____ Date Submitted _____

Date Work Was Done	Start Time	End Time	Activity	Total Hrs Worked
			TOTAL HOURS	

I certify that this claim is a true and accurate accounting of work performed.

Employee's signature _____ Superintendent's signature _____

Social Security # _____ Date of superintendent's signature _____

Supervisor's signature _____

Date of supervisor's signature _____ Funding Source _____