CHESTER ISD EXTRA DUTY TIMESHEET

Name: _____ Emp ID:

Campus: _____

☐ Professional ☐ Paraprofessional

Program Title: _____
(Description of work performed)

Date	Start Time	End Time	Total Hours
		Total hours for the week:	

x Pay Rate: _____

= **Gross Amount**: _____

Employee Signature:_____ Date: _____

Campus Approval: _____ Date: _____

Business Office: _____ Date: _____

Timesheets must be completed on a weekly basis and turned into the office for approval.
Below for business office use only.

Entered:_____
Paydate:_____
Initials:_____