

JOURDANTON I.S.D.
SUPPLEMENTAL PAY SHEET

NAME: _____ DATE: _____

CAMPUS OR DEPARTMENT: _____

PAY PERIOD ENDS: _____

DATE	TIME IN	TIME OUT	DESCRIPTION	TOTAL HOURS
1.				
2.				
3.				
4.				
5.				
1.				
2.				
3.				
4.				
5.				
1.				
2.				
3.				
4.				
5.				
1.				
2.				
3.				
4.				
5.				
1.				
2.				
3.				
4.				
5.				
Employee Signature:			Date:	
Supervisor Signature:			Date:	
Business Manager or Superintendent:			Date:	