

**Programs for Exceptional Children
Extended Employment/Homebound
Time Sheet**

Name _____

Position _____

Date(s)	No. of Hours	Time Worked
Total Hrs.		

Total No. of Hours Worked _____

Hourly Rate _____

Overtime Salary _____

Social Security _____

Retirement _____

Total Amount _____

Monthly Salary _____

Pay Code _____

Signatures:

Employee _____

Soc. Sec. No. _____

Director _____

Asst. Superintendent _____

