

<b>20-21 SCHOOL YEAR</b>	<b>NEWPORT INDEPENDENT SCHOOLS</b>
	<b>CERTIFIED TIME SHEET</b>
	<b>Purpose of additional hours:</b>
Location: _____	CHECK DATE: ___/___/___      TIMESHEET DATES: ___/___/___ to ___/___/___

<i>GRANT/PROJECT please indicate here:</i>																		
FILL IN THE APPROPRIATE DATES-i.e. 16, 17 ,18...																		<b>TOTAL HOURS</b>
FILL IN THE APPROPRIATE DAYS-i.e. F, Sa, Su, M																		

Employee Name (printed)	ADD HRS																	
Employee Signature																		
Employee Name (printed)	ADD HRS																	
Employee Signature																		
Employee Name (printed)	ADD HRS																	
Employee Signature																		
Employee Name (printed)	ADD HRS																	
Employee Signature																		

Certified Employees who work additional hours are paid at the rate of \$30.00 per hour.

Approved by (Print name): \_\_\_\_\_  
 Approver's signature: \_\_\_\_\_  
 Date signed: \_\_\_\_\_

**Timesheet will not be accepted without employee or approver signature.  
 If not received by the timesheet due date it will not be paid until the next pay.  
 If the timesheets are not completed or incorrect, they will be sent back.**