

BAKERSFIELD CITY SCHOOL DISTRICT

DEPARTMENT OR SCHOOL SITE LOCATION: _____

OVERTIME/EXTRA TIME FOR: _____
 (month, year)

EMPLOYEE NAME _____ BCSD ID # _____

1	2	3	4	5	6	7	8	9	10	11
12	13	14	15	16	17	18	19	20	21	22
23	24	25	26	27	28	29	30	31		

I certify that I worked the above extra time as indicated.

I certify that the above named employee was on duty for extra time as indicated.

 Employee Signature & Date

 Department/Principal Signature & Date

DATE	ACTUAL HOURS	REASON FOR OVERTIME/EXTRA TIME

FOR EXAMPLE:		
DATE	ACTUAL HOURS	REASON FOR OVERTIME/EXTRA TIME
1/8/03	4:30 p.m. – 6:00 p.m.	Report deadline