



# Laytonville Unified School District

P.O. Box 868

Laytonville, CA 95454

(707) 984-6414 (707) 984-8223 fax

## SUPPLEMENTAL TIME CARD

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Address: \_\_\_\_\_

Position: \_\_\_\_\_

**\*Note: Supplemental time runs from the 21<sup>st</sup> thru the 20<sup>th</sup> of the following month. Checks are issued the 10<sup>th</sup> of the next month. Ex. (Nov 21<sup>st</sup>-Dec 20<sup>th</sup>, check issued Jan 10<sup>th</sup>)**

Month			Month		
Date	Hrs/Days	Position/Task Subbed For	Date	Hrs/Days	Position/Task Subbed For
	Reg.	O.T.		Reg.	O.T.
21			6		
22			7		
23			8		
24			9		
25			10		
26			11		
27			12		
28			13		
29			14		
30			15		
31			16		
1			17		
2			18		
3			19		
4			20		
5					
		Column Total			Column Total
					Monthly Total

### For Business Office Use Only

Fund	Resource	Year	Object	Site	Goal	Function	DD	Pay Rate	Days/Hrs	Total

Employee's Signature: \_\_\_\_\_ Supervisor's Signature: \_\_\_\_\_