Print Form

Clear All

Clear Attendees

06/01/2012

Brownsville Independent School District

Extra Duty Composite

Summer School

Campus/Dept. Name and Number	
Program Name	
Account #	- - - - - - - -
Contact Name and Title	
Contact Phone #	

Monthly Salaried		**Monthly Hourly**		**Bi-Weekly**	

Regular Pay Loc.	Name	Empl. ID#	Job Description	Rate Per Day Or Hour	Total Days or Hours	Total Amount
						$0.00
						$0.00
						$0.00
						$0.00
						$0.00
						$0.00
						$0.00
						$0.00
						$0.00
						$0.00
						$0.00
						$0.00
						$0.00
						$0.00
						$0.00
				TOTAL		$0.00

List names by campus order then by alphabetical order

1. **Classified and Certified employees must be on separate forms**

Verification of Timesheet sign-in/sign-out – Campus/Department Administrator			
Name and Signature:		**Date:**	

Verification of Composite, Budget Account Number and Sign-In/Sign-out Timesheets			
Name and Signature of Administrator:			
Title of Administrator:		**Date:**	