

**SAN FRANCISCO UNIFIED SCHOOL DISTRICT
CERTIFICATED STAFF ONLY**

Regulation No. 4160
Page 3 or 6

EXTENDED DAY/HOUR TIME REPORT

NAME	EMPLOYEE ID	SITE/LOCATION OF SERVICES
ADDRESS		APPROVED EARNINGS CODE (6 DIGITS)
CITY/STATE/ZIP		RESOLUTION/AUTHORIZATION NUMBER
EMPLOYEE SIGNATURE	DATE	EMPLOYEE WORK LOCATION

Stipend Amount: \$ _____

APPROVED BY: _____
ADMINISTRATOR

DATE SUBMITTED _____

Submit completed forms to the Payroll Office by the **18th of the month** to insure prompt payment. All fields must be completed in order to process for payment.

After the "J" Resolution has been approved by the Board of Education, department or site administrators must submit approved Extended/Hours Time Report forms to the Payroll department within 30 calendar days of the completion of the extended days/hours service. However, the department of site administrators must submit all Extended Days/Hours Time Report forms for services performed during the month of June no later than July 15th of each calendar year.

DATE OF SERVICE		TIME SERVED	
MONTH	DAY	DAY	HOURS
May	21	Mon	_____
	22	Tue	_____
	23	Wed	_____
	24	Thurs	_____
	25	Fri	_____
	26	Sat	XXXXXXX
	27	Sun	XXXXXXX
	28	Mon	HOLIDAY
	29	Tue	FURLOUGH
	30	Wed	SUMMER
	31	Thurs	SUMMER
June	1	Fri	SUMMER
	2	Sat	XXXXXXX
	3	Sun	XXXXXXX
	4	Mon	SUMMER
	5	Tue	SUMMER
	6	Wed	SUMMER
	7	Thurs	SUMMER
	8	Fri	SUMMER
	9	Sat	XXXXXXX
	10	Sun	XXXXXXX
11	Mon	SUMMER	
12	Tue	SUMMER	
13	Wed	SUMMER	
14	Thurs	SUMMER	
15	Fri	SUMMER	
16	Sat	XXXXXXX	
17	Sun	XXXXXXX	
18	Mon	SUMMER	
19	Tue	SUMMER	
20	Wed	SUMMER	
TOTAL		_____	_____
		DAYS	HOURS

FOR OFFICE USE ONLY	
PAYPERIOD END DATE: _____	INITIALS: _____