

**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
January	21	Sat	XXXXXXX
	22	Sun	XXXXXXX
	23	Mon	HOLIDAY
	24	Tue	_____
	25	Wed	_____
	26	Thurs	_____
	27	Fri	_____
	28	Sat	XXXXXXX
	29	Sun	XXXXXXX
	30	Mon	_____
February	31	Tue	_____
	1	Wed	_____
	2	Thurs	_____
	3	Fri	_____
	4	Sat	XXXXXXX
	5	Sun	XXXXXXX
	6	Mon	_____
	7	Tue	_____
	8	Wed	_____
	9	Thurs	_____
10	Fri	_____	
11	Sat	XXXXXXX	
12	Sun	XXXXXXX	
13	Mon	_____	
14	Tue	_____	
15	Wed	_____	
16	Thurs	_____	
17	Fri	FURLOUGH	
18	Sat	XXXXXXX	
19	Sun	XXXXXXX	
20	Mon	HOLIDAY	
TOTAL		_____	_____
		DAYS	HOURS

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