SAN FRANCISCO UNIFIED SCHOOL DISTRICT
CERTIFICATED STAFF ONLY

EXTENDED DAY/HOUR TIME REPORT

NAME _____ EMPLOYEE ID _____

ADDRESS _____

CITY/STATE/ZIP _____

EMPLOYEE SIGNATURE _____ DATE _____

SITE/LOCATION OF SERVICES _____

APPROVED EARNINGS CODE (6 DIGITS) _____

RESOLUTION/AUTHORIZATION NUMBER _____

EMPLOYEE WORK LOCATION _____

Stipend Amount: $ _____

APPROVED BY:

_____
ADMINISTRATOR

_____
DATE SUBMITTED

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

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.

FOR OFFICE USE ONLY

PAYPERIOD END DATE: _____

INITIALS: _____