

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

Regulation No. 4160
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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
March	21	Wed	_____
	22	Thurs	_____
	23	Fri	_____
	24	Sat	XXXXXXX
	25	Sun	XXXXXXX
	26	Mon	HOLIDAY
	27	Tue	HOLIDAY
	28	Wed	HOLIDAY
	29	Thurs	HOLIDAY
	30	Fri	HOLIDAY
	31	Sat	XXXXXXX
April	1	Sun	XXXXXXX
	2	Mon	_____
	3	Tue	_____
	4	Wed	_____
	5	Thurs	_____
	6	Fri	FURLOUGH
	7	Sat	XXXXXXX
	8	Sun	XXXXXXX
	9	Mon	_____
	10	Tue	_____
11	Wed	_____	
12	Thurs	_____	
13	Fri	_____	
14	Sat	XXXXXXX	
15	Sun	XXXXXXX	
16	Mon	_____	
17	Tue	_____	
18	Wed	_____	
19	Thurs	_____	
20	Fri	_____	
TOTAL		_____	_____
		DAYS	HOURS

FOR OFFICE USE ONLY

PAYPERIOD END DATE: _____

INITIALS: _____