

Alachua County Public Schools
School Food and Nutrition Services
Extra Hours

L2(Payroll): ON

Employee Name: _____

Work Number (#): _____

Employee ID: _____

* Please use example below as a guide for filling out form

Date of extra hours	Monday	Tuesday	Wednesday	Thursday	Friday
		8/27/2012	8/28/2012	8/29/2012	8/30/2012
Number of hours <i>Hours should be in decimal form and increments of .15 minutes.</i> 15 min = .25 30 min = .50 45 min = .75	0.25	0.50	0.25	0.50	0.75

Date of extra hours	Monday	Tuesday	Wednesday	Thursday	Friday
		_____	_____	_____	_____
Number of hours	_____	_____	_____	_____	_____

Date of extra hours	Monday	Tuesday	Wednesday	Thursday	Friday
		_____	_____	_____	_____
Number of hours	_____	_____	_____	_____	_____

Total Hours: _____

Reason for extra hours: _____

Employee's Signature

Date

Manager's Signature

Date

Director of Food Service or Designee Signature

Date