PAXTON-BUCKLEY-LODA CUSD #10

REGULAR WORK SCHEDULE / EXTRA DUTY WORK SCHEDULE

NAME: _____ **MONTH/YEAR:** _____

SOCIAL SECURITY NUMBER: _____

DATE	TIME	HOURS WORKED	EXPLANATION OF DUTY

Dept. Approval / Signature: _____ **Total Hrs.:** _____

For Office Use Only:

Regular Wage: $ _____ X _____ hrs. = $ _____

Total Wages: $ _____