

**Marion Community Unit School District 2**

Marion, Illinois

**CERTIFIED EXTRA DUTY TIMESHEET**

Name \_\_\_\_\_ Location \_\_\_\_\_

DATE	IN	OUT	DESCRIBE EXTRA DUTY OR LIST NAME OF TEACHER SUBBING FOR	MINUTES
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

0  
\_\_\_\_\_  
**Total Minutes  
Worked**

**Approved** \_\_\_\_\_  
**Principal or Supervisor**

\_\_\_\_\_  
**Signature of Employee**

CFO: \_\_\_\_\_ Date: \_\_\_\_\_  
Asst.Supt.: \_\_\_\_\_ Date: \_\_\_\_\_  
Supt: \_\_\_\_\_ Date: \_\_\_\_\_

Account #: \_\_\_\_\_ = \_\_\_\_\_ Hrs @ \_\_\_\_\_ = \_\_\_\_\_  
Account #: \_\_\_\_\_ = \_\_\_\_\_ Hrs @ \_\_\_\_\_ = \_\_\_\_\_