

**CERTIFICATED  
DAILY EXTRA DUTY**  
(Administrative Assistant to provide PAR/PARS)

NAME: \_\_\_\_\_

MONTH: \_\_\_\_\_

YEAR: \_\_\_\_\_

Description of Extra Duty 1: \_\_\_\_\_

\*PAR SUBMITTED: ☐

Day	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total
Days Worked																																

Description of Extra Duty 2: \_\_\_\_\_

\*PAR SUBMITTED: ☐

Day	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total
Days Worked																																

Description of Extra Duty 3: \_\_\_\_\_

\*PAR SUBMITTED: ☐

Day	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total
Days Worked																																

Description of Extra Duty 4: \_\_\_\_\_

\*PAR SUBMITTED: ☐

Day	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total
Days Worked																																

I certify the information recorded on this report is true and correct to the best of my knowledge.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date

VCSBSA USE ONLY				
ADJ CODE	# HOURS	PAY RATE	AMOUNT	ACCT NUMBER

Total Pay: \_\_\_\_\_