

**CERTIFICATED
HOURLY AND 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	
Hours 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	
Hours 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	
Hours 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	
Hours 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: _____