16/17

PERRIS UNION HIGH SCHOOL DISTRICT
Hourly/Extra Duty/Overtime Hours
Certificated

NAME _____ EMP# _____

PAY PERIOD _____ **TO** _____
MONTH *MONTH*

Date	Start Time	Lunch From	Lunch To	End Time	Total Hours	Description of work
			Total Hours			

I HEREBY CERTIFY that I have worked for the Perris Union High School District on the days and hours stated above.

_____ _____
EMPLOYEE SIGNATURE *ADMINISTRATOR SIGNATURE*

_____
CATEGORICAL SIGNATURE

Fund	Sch	Res	PY	Goal	Func	Obj	Total Hours

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