## **EXEMPT EXTRA DUTY TIME RECORDING SHEET**

This form is for use when reporting assignments worked by an employee outside the home department.

Extra Duty must be approved through Human Resources. An approved Authorization form must be obtained prior to performing work.

1. EMPLOYEE NAME					2. EMPLOYE	2. EMPLOYEE ID NUMBER		3. PAY PERIOD	
							FROM	ТО	
4. EXTRA DUTY JOB TITLE					5. EMPLOYEE CONTACT NUMBER				
6. EXTRA DUTY FUND SOURCE					7. HOME DEPARTMENT ( 8 DIGITS)				
B. INDICATE	THE NUMBER	OF ASSIGNME	NTS WORKED A	AND THE TOTALS	BELOW.				
	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	TOTAL	
WEEK 1									
WEEK 2									
WEEK 3								1	
WEEK 4									
9. RATE OF PAY PER ASSIGNMENT							10. GRAND TOTAL		
			TRA DUTY ASS	IGNMENTS RECO	ORDED ABOVE	ARE COMPLETE	AND CORREC	T, AND THAT I	
11. EMPLOYEE SIGNATURE  SIGN						12. DATE			
13. EXTRA DUTY DEPARTMENT REP. NAME AND TITLE						14. REP CONTACT NUMBER			
15. EXTRA DUTY DEPARTMENT REP SIGNATURE						16. DATE			
					SIGN HERE				

- \* Please Retain a copy for your records.
- \* Attach a copy of the approved authorization form to this time sheet.
- \*Improper or incomplete documentation may delay payment processing.
- \* Monthly pay period for extra duty pay is from the 16th to the 15th.
- \* Refer to HR Policy 1.4.02, Employment of Extra Duty Personnel at http://www.mcg.edu/POLICIES/1402.html.





