



Melissa Schools
 1904 Cooper Street
 (972) 837-2411
 www.melissaisd.org

SUPPLEMENTAL PAY TIME SHEET

Employee Last Name:		First Name:	
Description of work performed:			
Employee ID #: (required)		Building/Department:	

Note: When recording your time, please round minutes to quarters of an hour. For example:
 1 hr. & 15 min. = 1.25 1 hr. & 30 min. = 1.5 1 hr. & 45 min. = 1.75

Please see monthly payroll schedule sheet for reporting period cut off dates.

		Sat	Sun	Mon	Tues	Wed	Thurs	Fri	Hours/Units Per Week
1st Week	Date:								
	Hours:								
2nd Week	Date:								
	Hours:								
3rd Week	Date:								
	Hours:								
4th Week	Date:								
	Hours:								
5th Week	Date:								
	Hours:								
If applicable	Hours:								
Total Hours/Units									

Employee Signature: _____ **Date:** _____

Pay Rate: \$ _____ **per hour or day** **Total Amount:** \$ _____
(circle one)

Budget Code: _____

Supervisor Signature: _____ **Date:** _____

All time sheets must be signed by both the employee and their supervisor in order to be paid.