PERRIS UNION HIGH SCHOOL DISTRICT
MONTHLY EXTRA DUTY HOURS
CERTIFICATED

NAME_____EMP#_____

PAY PERIOD_____**TO**_____**20**_____
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 *ASST SUP OF ED SERVICES*

Fund	Sch	Res	PY	Goal	Func	Obj	Total Hrs

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