## EXTRA TIME SHEET CLAY COUNTY SCHOOLS

1E		GRANT	PROGRAM OR POSITION	_
OOL MONTH:	FROM		то	
	Month	Day	Hours Worked	
	TOTAL DAVE	OD HOUDS	DATE	
	TOTAL DATS	OR HOURS	RATE	
Employee	e Signature			_
Employee	e Identification Nun	nber		_
	or Signature			