

## TEACHER'S SUPPLEMENTAL TIME SHEET

Print Name \_\_\_\_\_ Employee I. D. # \_\_\_\_\_

TO: Board of Education of Ohio County \_\_\_\_\_ School \_\_\_\_\_

*Office Use Only*

DATES	TIME OF CLASS	DESCRIPTION	EXTRA PUPILS	# OF MINUTES	%	AVERAGE DAILY SALARY	PRORATED SALARY	TOTAL	MULTIPLIED BY NUMBER OF DAYS	GRAND TOTAL

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Principal/Supervisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of A/D Superintendent

\_\_\_\_\_  
Date