

**COMAL INDEPENDENT SCHOOL DISTRICT
SUPPLEMENTAL PAY
Para-Professional 184-day Time Sheet**

Name: _____ Campus/Department: _____

Employee SS/ID#: _____ Time Sheet for week ending: _____

DAY	DATE	TIME IN	TIME OUT	TIME IN	TIME OUT	DAILY TOTAL
Sunday						
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						

Week total: _____*

***Time worked prior to start of school calendar days for up to 24 hours of supplemental pay.**

FOR PAYROLL USE ONLY

Hourly rate: \$ _____

Total Due: \$ _____

Budget Code: _____

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

SUBMIT APPROVED TIME SHEET TO THE BUSINESS OFFICE.