

# BOARD RESOLUTION ADDITIONAL PAY PAYROLL TIME SHEET

TIME REPORTING CODE:  
ARS - ADDITIONAL PAY RESOLUTION

EMPLOYEE NAME (LAST, FIRST, MI)	EMPLOYEE ID	Record #	DEPT ID/LOCATION	JOB TITLE



ROCHESTER CITY SCHOOL DISTRICT  
131 West Broad Street  
Rochester, New York 14614-1187

For use by TEACHERS and ADMINISTRATORS **ONLY**.

Report elapsed time with number of hours worked.

REMINDER: Separate lines are required for different board resolutions.

Email or Fax # 262-8193

From Sunday \_\_\_\_\_  
MM/DD/YYYY

To Saturday \_\_\_\_\_  
MM/DD/YYYY

Every child is a work of art.  
Create a masterpiece.

Sun	Mon	Tues	Wed	Thurs	Fri	Sat

**PLEASE COMPLETE ALL INFORMATION**

Board Meeting Date:	Page#:
Resolution Code:	*Name of person Subbed For, if applicable:
Resolution code number: (found on emp. Brd Auth Screen)	*A Board Resolution Substitute form must be completed and submitted to Payroll
Budget Code:	Grant Code/ Close Date:

From Sunday \_\_\_\_\_ To Saturday \_\_\_\_\_  
MM/DD/YYYY MM/DD/YYYY

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**I CERTIFY THAT THIS IS A CORRECT RECORD OF HOURS WORKED FOR THE STATED PERIOD**

EMPLOYEE SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

I understand that if I have failed to provide all the information the time sheet will be returned to the approving manager for correction.

AUTHORIZED SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

I understand that I am still responsible for approving the time worked in the PeopleSoft system.