

WENATCHEE SCHOOL DISTRICT #246

DISTRICT TIME SHEET

MONTH _____ YEAR _____

EMPLOYEE'S NAME (Please Print) _____

POSITION _____

EMPLOYEE'S SIGNATURE _____ DATE _____

NAME OF SCHOOL _____

ADMINISTRATORS SIGNATURE _____ DATE _____

PROGRAM or WORKSHOP _____

RATE OF PAY (Please check one)
 Certified Rate Activity Per Diem Rate
 Classified Rate

ACCOUNT # _____

01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16

17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

To be paid for this time, this form must be received by payroll no later than sixty (60) days following completion of the time worked. All work completed in May and June must be turned in no later than July 10th.

***All corrections and cross outs must be initialed by both the Employee and the Administrator.**

DATE	EXPLANATION	# of Hours Worked

FOR PAYROLL USE ONLY					
PAY CODE	ACCT #	RATE	HRS	WK DATE	TOTAL
TIME SHEET TOTAL \$					_____