PR 06 20

WENATCHEE SCHOOL DISTRICT #246

IEP Per Diem Time Sheet

MONTH_____YEAR_____

Employee Name *(Please Print)* _____

Position _____

Employee's Signature _____ Date _____

Name of School _____

Administrator's Signature _____ Date _____

Code	Type	# of Days
I	IEP Day	5 Days

Please enter an I code on the day that you worked your IEP day. Your pay will be calculated based on your FTE. You can enter multiple days per month but only one month per time sheet.

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

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

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 June and July must be received by Payroll no later than August 10th.

FOR PAYROLL USE ONLY

PAY CODE ACCT # RATE HRS WK DATE TOTAL

TIME SHEET TOTAL $_____