

WENATCHEE SCHOOL DISTRICT #246

Per Diem Time Sheet

MONTH _____ YEAR _____

Employee Name *(Please Print)* _____

Position _____

Employee's Signature _____ Date _____

Name of School _____

Administrator Signature _____ Date _____

Codes	Type	# of Days
P	Per Diem Days	25 Days
I	IEP Day	5 Days

Full time staff submit per diem days in 7.5 hour increments and part time staff use the appropriate hours per day determined by your FTE.

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 \$					_____