

# BLAINE SCHOOL DISTRICT # 503

## TIME SHEET

I certify that I have fulfilled the duties listed below for the pay period indicated. In addition to my regularly contracted schedule, I worked additional hours. The actual hours worked in direct support of individual cost objectives are indicated below.

NAME \_\_\_\_\_ (PRINT)      DEPT / SCHOOL \_\_\_\_\_

SIGNATURE \_\_\_\_\_      PAY PERIOD ENDING \_\_\_\_ / \_\_\_\_ / \_\_\_\_

SUPERVISOR'S APPROVAL \_\_\_\_\_  
*Tanya Carter – Substitute Coordinator*

ADDED HOURS \_\_\_\_\_      1<sup>st</sup> Sub Day Worked Current Year \_\_\_\_ / \_\_\_\_ / \_\_\_\_

DATE	REG HOURS	OT HOURS	CODE/ POSIT ION	PAY RATE	ACCOUNT CODE PPSS-AA-OBB1-LLL-4444-5555	REASON (IF FEDERAL – MUST DESCRIBE)
↶						
↶						
Payroll Use Only						

**PLEASE RETURN PHYSICAL FORM TO THE DISTRICT OFFICE**  
*Electronic Signatures and forms sent electronically are not accepted*