

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 _____ 1st Sub Day Worked Current Year ____ / ____ / ____

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

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