

Barre Unified Union School District COVID-19 PLANNING Timesheet

Name: _____ School (circle one): **BCEMS** **BTMES** **CVCC** **SHS**

Must be submitted to your administrator for approval by Thursday at 4:00 before the pay period ends.

Date	# of Hours	TEAM/DEPARTMENT	COVID-19 Funding Code (Business office will assign code)	Rate	Total
Total #					

Signature: _____ **Date:** _____ **Administrator Signature:** _____

Please return completed timesheet to the business office.